

**2017 SWOSU MARIMBA CAMP JUNE 11-14, 2017**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 (Please Print)  
 Address \_\_\_\_\_  
 (Street or PO Box) (City) (State) (Zip)

Grade Next Year \_\_\_\_\_

Band Director's Signature \_\_\_\_\_ School \_\_\_\_\_

(check one)  I will  I will not be staying in the University dormitory. Email Address \_\_\_\_\_

Roommate Preference \_\_\_\_\_ School \_\_\_\_\_

**CAMP COSTS: (Please check one)**

_____ Tuition, Room & Meals for Dormitory Students (includes \$10.00 refundable key deposit)	<b>\$275.00</b>	<b>A minimum deposit of \$140.00 should be paid by all students by June 6.</b>
_____ Tuition for Commuters (Does not include room or meals.)	<b>\$140.00</b>	
_____ Amount Enclosed <input type="checkbox"/> Check (Make check payable to SWOSU Music Camps)		

Credit Card (Not Debit)  Visa  MasterCard \$ \_\_\_\_\_ amount to charge (a 3% processing fee will be added to any credit card transaction)

Credit Card Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 digit # on back of card) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Billing Address \_\_\_\_\_

Daytime or Cell Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\* T-Shirt Size (Complimentary) (Men's sizes) Must check one:  Small  Medium  Large  X-Large  XX-Large  XXX-Large \*\*\***

**HEALTH FORM**

I, the undersigned, parent or legal guardian of (Camper's Name) \_\_\_\_\_ do hereby authorize an adult staff member of the SWOSU MARIMBA CAMP, the temporary custodian of the above-named minor to consent to any emergency treatment by any doctor, dentist or the university nurse licensed by the State of Oklahoma and to any hospital care that may be rendered to said minor, regardless whether such diagnosis or treatment is rendered at the scene of the emergency, in route to or at the office of a doctor, dentist or the university nurse, or at a hospital licensed by the State of Oklahoma. I further give my permission for the above-named minor to receive any medical attention, including preventative, routine, and emergency care, as deemed necessary by qualified medical personnel in the event such treatment is necessary when an adult staff member of the camp is not present.

I agree that neither Southwestern Oklahoma State University nor its employees acting within the scope of their employment shall be held liable for any accident or injury while the above-named minor is either on or off campus. I further agree to release Southwestern Oklahoma State University and its employees from responsibility for any damages or expenses that might result from any medical, dental, or hospital care rendered to the above-named minor. I understand that all medical bills are the responsibility of the parent or legal guardian of the above-named minor.

This consent, unless revoked in writing, shall remain in effect until the above-named minor leaves campus on the final day of the camp which he or she is attending.

I further give my permission for the above-named minor to participate in all Southwestern Oklahoma State University MARIMBA CAMP'S educational and recreational activities.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian Date  Check to authorize the camp office to give over the counter medication to the above camper (Tylenol, Pepto-Bismol, Imodium, etc. **Checking box is not required.**)

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
 (Please Print)

Parent / Guardian \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Name of regular physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Blood Type \_\_\_\_\_ \* Daily Medications \_\_\_\_\_

Medication Allergies. \_\_\_\_\_

Health Insurance Company & Policy No. \_\_\_\_\_

As a participant in the SOUTHWESTERN MARIMBA CAMP, I agree to participate in the entire program and conduct myself in a way to bring credit to myself, my family, my community, my school and the Southwestern Oklahoma State University MARIMBA Camp. I will not use alcohol or other drugs, and will abide by the rules and regulations set forth in the camp policies for the entire length of time that I am a participant.

Signature of Camper \_\_\_\_\_

**\*All medications must be the original container, with the pharmacist's label attached and clearly legible.**

**Publicity Consent:** I do agree to allow my son/daughter's name and likeness to be used for positive promotion of the SWOSU Music Camps. All media are carefully selected to portray students in a positive academic, cultural, or recreational setting.

**PLEASE MAIL TO: SWOSU MUSIC OFFICE, MARIMBA CAMP, 100 Campus Drive,  
 Weatherford, OK 73096  
 SWOSU Music Department Fax Number: (580) 774-3714**

**SWOSUCAMPS.COM**