

Name _____ Age _____ Gender _____

(Please Print)

Address _____
(Street or PO Box) (City) (State) (Zip)

Voice Part _____ Grade Next Year _____

Choir Director/Private Voice Teacher'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) **\$100.00** **A minimum deposit of \$50.00 should be paid by all students by June 12.**
 _____ Tuition only for commuters (Does not include room or meals.) **\$50.00**

**** Students Attending the Choral Camp June 18-22, can receive \$20 off the tuition for this camp \$80.00 for Tuition, Room, & Meals OR \$30 for Tuition Only for commuter students ONLY for registered Choral Camp students ****

_____ Amount Enclosed 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 SOLO VOICE 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 SOLO VOICE 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 SOLO VOICE 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 SOLO VOICE 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.

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.

Signature of Camper _____

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

PLEASE MAIL TO: SWOSU Music Office, Solo Voice Camp, 100 Campus Drive, Weatherford OK 73096 or SWOSU Music Department

Fax Number: (580) 774-3714