

54th ANNUAL SWOSU BAND CAMP REGISTRATION APPLICATION – July 12-17, 2009

PLEASE PRINT

Name _____ Age _____ Sex _____

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

Instrument _____ Instrument Serial # _____ Grade (next year) _____

Band Director's Signature _____ School _____

(circle one) I will I will not be living 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) **\$300.00**

_____ Tuition only for Commuters (Does not include room or meals.) **\$150.00**

A minimum deposit of \$150.00 should be paid by all students by June 29.

_____ Amount Enclosed Check (Make check payable to SWOSU Music Camps)

Credit Card Visa MasterCard Discover \$ _____ amount to charge

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 _____

Complimentary T-Shirt furnished. (Men's sizes) Please circle one: Small Medium Large X-Large XX-Large XXX-Large

Please select an 8:25 a.m. and 1:00 p.m. elective class:

<u>8:25 Elective Classes</u>	<u>1:00 Elective Classes</u>
<input type="checkbox"/> Color Guard Fundamentals (Continued at 1:00)	<input type="checkbox"/> Appreciation of Classical Music
<input type="checkbox"/> Composition (Grades 10-12 only)	<input type="checkbox"/> Care & Maintenance of Brass Instrument
<input type="checkbox"/> Conducting	<input type="checkbox"/> Care & Maintenance of Percussion Instruments
<input type="checkbox"/> Drum Major Fundamentals (Continued at 1:00)	<input type="checkbox"/> Care & Maintenance of Woodwind Instruments
<input type="checkbox"/> Drum Set Class	<input type="checkbox"/> Color Guard Fundamentals (Continuation of 8:00 section)
<input type="checkbox"/> Electric Bass Class	<input type="checkbox"/> Composition (Grades 10-12 only)
<input type="checkbox"/> Electronic Music	<input type="checkbox"/> Conducting
<input type="checkbox"/> Guitar Class	<input type="checkbox"/> Double Reed Adjustment
<input type="checkbox"/> Jazz Improvisation (Instrument) _____	<input type="checkbox"/> Drum Major Fundamentals(Continuation of 8:00 section)
<input type="checkbox"/> _____	<input type="checkbox"/> Ensembles (circle choice) Flute Clarinet Saxophone Double Reed Trumpet Horn Trombone Baritone/Tuba Concert Percussion Marching Percussion
<input type="checkbox"/> Jazz Piano Class	<input type="checkbox"/> History of Jazz
<input type="checkbox"/> Marching Fundamentals	<input type="checkbox"/> Jazz Band (Instrument) _____
<input type="checkbox"/> Marching Percussion	<input type="checkbox"/> Jazz Band Fundamentals
<input type="checkbox"/> Music Theory	<input type="checkbox"/> Rhythms Class
<input type="checkbox"/> Psychology of Performing Music	<input type="checkbox"/> Sight Reading Class
<input type="checkbox"/> Rhythms Class	
<input type="checkbox"/> Sight Reading Class	
<input type="checkbox"/> Technique Class	

HEALTH FORM

I, the undersigned, parent or legal guardian of (Camper's Name) _____ do hereby authorize an adult staff member of the SWOSU BAND 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 BAND CAMP'S educational and recreational activities.

Signature of Parent or Legal Guardian _____ Date _____ Social Security No. _____ - _____ - _____
(For refund purposes only)

PLEASE PRINT

Camper's Name _____ Birth Date _____ Home Telephone (_____) _____

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 BAND 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 Band 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.

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