

# Sherwood Youth Band Camp - Registration

Camp Dates: July 15<sup>th</sup> – 19<sup>th</sup> Location: Sherwood Middle School

## REGISTRATION FORM

### Student Information

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_

School You Will Attend in the Fall \_\_\_\_\_ What Grade Will You Be In? \_\_\_\_\_

How Many Years Have You Been Playing? \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ (Adult Sizes Only) S M L XL

Student Email \_\_\_\_\_

### Parent/Guardian Information

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Cell \_\_\_\_\_

Alternate Contact Name & Phone \_\_\_\_\_

### Payment Information

**Camp Fee: \$150** (if paid by June 10<sup>th</sup>) or **\$175** (if paid on or after June 11<sup>th</sup>)

Make Checks Payable to **Sherwood High School Band Boosters**

**Please Send All Camp Paperwork & Checks to:**

Sherwood High School Band Boosters

Attn: SYBC

21370 SW Langer Farms Parkway, Suite 142 #256

Sherwood, OR 97140

***Students are allowed to register up until the first day of camp***

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## PARENT PERMISSION –MEDICAL RELEASE FORM

### Student Information

Student Name (please print full legal name clearly) \_\_\_\_\_

Parent Name (please print full legal name clearly) \_\_\_\_\_

- 1) I give my child, the aforementioned, permission to attend the 2016 Sherwood Youth Band Camp.
- 2) I give my child permission to participate in daily recreational activities (Frisbee, Kickball, Etc.)
- 3) I understand that the Sherwood Band Camp does not provide any accident or medical insurance for my child. I understand that I am required to provide medical insurance for my child and do so under the policy listed below. I understand that I am financially responsible for any and all medical expenses associated with my child's participation in this camp.

Medical Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Your child will not be allowed to participate in camp unless your medical insurance provider and policy number is provided above.*

### Medical Release

List Any Student Allergies \_\_\_\_\_

Prescription Medications \_\_\_\_\_

May Staff Administer Tylenol or Ibuprofen? Yes \_\_\_ No \_\_\_

If necessary, do you grant the directors and staff permission to administer minor medical treatment and/or if needed to seek additional medical treatment, including transportation to the hospital? Yes \_\_\_ No \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Your child will not be allowed to participate in camp unless medical release is signed.*

# Sherwood Youth Band Camp - Registration

## Behavior Contract – Photo Release

### Behavior Contract

Student Name \_\_\_\_\_

As a participant in the Camp, I agree to the following:

1. To cooperate fully with the staff and high school assistants.
2. To attend all rehearsals, on time, except in the case of illness.
3. To be respectful of school facilities and equipment.
4. To return all music after the concert.
5. To put forth my best effort in the music making, and to HAVE FUN!

Failure to follow the rules listed above could result in dismissal from the camp. In this case, registration fees will not be refunded.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand the aforementioned responsibilities, and hereby give permission for the student listed above to participate in the camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

On occasion, camp pictures will be taken for promotional materials. Most of these are large group photos or action shots of multiple students.

By signing below, I hereby **ALLOW** the camp to use a photo that my child is in.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_