

# Auburn University High School Percussion Camp

For High School Students – band students in grades 9-12 for the 2008-2009 school year.

## June 8-11, 2008

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Print name as you would like it to appear on certificate)

Parent/Legal Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Band Director \_\_\_\_\_

Student Birthdate \_\_\_\_\_ Gender (circle) M F

Select a division:

*(NOTE:  
You must provide your own equipment.)*

Percussion (select one below)

Bass  
Cymbals  
Pit  
Quads (tenors)  
Snare

Student **2008-09** School Grade \_\_\_\_\_ Roommate Request \_\_\_\_\_  
(two students assigned per room)

Resident tuition \$325.00 \_\_\_\_\_ or Commuter tuition \$250.00 \_\_\_\_\_

Youth T-Shirt size (circle): S M L

Adult T-Shirt size (circle): S M L XL XXL

*We want this program to be accessible to all people. If you require special accommodations for the program, please specify here:*

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Send the application packet and registration fee postmarked by May 21, 2008 to:

**AU Summer Band Camps**  
**Auburn University Bands**  
**132 Goodwin Music Bldg.**  
**Auburn University, AL 36849-5421**

Payment Methods: Attach a check or Money Order made payable to: Auburn Summer Band Camps

**Incomplete application packets will not be accepted – carefully complete all forms. The application packet and fee must be postmarked by May 21, 2008.** Applications will be accepted on a first come-first serve basis. Once camp capacity has been reached, additional students will be placed on a waiting list and notified if space becomes available.

**Refunds will not be made once the Band Camp fee has been processed.**

# Auburn University Bands

Auburn University, Alabama 36849-5421

Department of Music  
132 Goodwin Music Bldg.

Telephone: (334) 844-4166  
FAX: (334) 844-3170

## Medical Release Form

**These forms are to be completed by the parent/legal guardian of the participant. Please print clearly or type.**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participant's Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip

has my permission to participate in the activities of the AU High School Percussion Camp. There are no apparent health contraindications to participating in routine program activities (walking to and from rehearsals and activities, rehearsing, etc.), various recreational activities (throwing frisbee, throwing football, soccer, campus tour, etc.), and being transported to and from the Auburn University Dorms/Bandroom. The students will be brought back to the Auburn University Dorms to meet their parents for check-out.

Date of most recent tetanus toxoid immunization: \_\_\_\_\_

Comments, special problems, allergies, daily medications (over the counter and prescription – include dosage directions), etc. **Any prescription drug sent to this program must be in its original container and clearly labeled with the child's name, the name of the drug, and directions for administering the drug. No medication will be given against instructions printed on the label. Medication must be signed in to Camp personnel during registration.**

Parent/Legal Guardian's Name \_\_\_\_\_ Phone # H (\_\_\_\_) \_\_\_\_\_ W(\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
Street City, State Zip

Physician's Name \_\_\_\_\_ Physician's Phone # (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

**MEDICAL:** Unless prior arrangements have been made, all medical needs of the students will be handled through the East Alabama Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, we are required to have on file a medical release form signed by the parent. The hospital will not perform services unless this form is presented at the time of needed treatment.

\_\_\_\_\_ has my permission to receive medical attention in the event of illness or  
Participant's Name

medical emergency while participating in the AU High School Percussion Camp during the period of June 8-11, 2008. I will assume the financial responsibility for any cost of health care for my child that may occur during the AU High School Percussion Camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature



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## Hold Harmless Agreement

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED TO THE AUBURN UNIVERSITY BAND SUMMER CAMP PROGRAM OFFICE BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE AUBURN UNIVERSITY HIGH SCHOOL PERCUSSION CAMP.**

### **(Print Name of Parent/Legal Guardian)**

I, \_\_\_\_\_, acknowledge, understand and appreciate that injuries or loss can result from my child's participation in the Auburn University High School Percussion Camp, taking place on June 8 to June 11, 2008. By signing this Agreement, and in consideration for my child's voluntary participation in this activity, I, for myself, my heirs, personal representatives, or assigns, waive, release, discharge and agree to hold harmless Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, Agents and all other officers, directors and employees of any and all claims for damages for death, personal injury, loss or property damage which myself or my child may incur or which may hereafter accrue to myself or my child as a result of his/her participation in the Auburn University High School Percussion Camp. This waiver, release, discharge and hold harmless agreement shall apply regardless of the nature, type or condition of the events involved, the condition of the sites involved, the supervision provided, or the activities performed.

I further realize and understand that my child will be participating in the events and activities of the Auburn University High School Percussion Camp and that participating in these events and activities may involve risks and dangers, both known and unknown. This includes routine program activities (walking to and from rehearsals and activities, staying in the AU dorms, rehearsing, etc.) and various recreational activities (throwing frisbee, throwing football, soccer, campus tour, etc.). This Agreement is being signed in order for my child to participate in these activities for his/her own personal enjoyment and benefit and is done so freely with full knowledge of the potential risk and dangers that may arise in these activities. Therefore, on behalf of my child, I expressly voluntarily and willingly accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating in this event and its activities. The students will be brought back to the Auburn University Dorms to meet their parents for check-out.

I understand that photographs of the participants will be taken during the rehearsals and activities of the AU High School Percussion Camp and grant permission for the Auburn University Bands to publish, reproduce, etc. these photographs as may be deemed appropriate by Auburn University.

I have read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. I certify that all information on this application for the AU High School Percussion Camp is accurate and was completed by the parent/legal guardian of the participant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature