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**LAFAYETTE
MUSIC**

Band

CAMP



MAY 30 - JUNE 1, 2019

ABC Camp • Richard, Louisiana

Each year, students from across Acadiana who are entering 6th, 7th or 8th grade band attend Lafayette Music Band Camp, where our campers not only grow as musicians but gain friendships and create memories to last a lifetime.

Register your student today!

Helping young minds grow through the enjoyment of music.

*We want to share the **FUN** of **MUSIC** with you!*

The Lafayette Music Camp Story

For thirty-seven years, Lafayette Music Camp has been devoted to sharing the gift of music with students throughout Acadiana. The key to our success is a combination of motivated young musicians, an outstanding staff of music educators and a curriculum designed to improve performance. Our unique approach to teaching instrumental music focuses on the development of individual musicianship and allows the students to refine their talents separately as well as in a group. However, we are sure to leave ample time for the students to have fun outside of the Band Room. Our extra-curricular activities are often the highlight of the campers' stay and include swimming, sports, a shaving cream contest, dancing and much more! Space is limited. Don't wait to register!

TUITION

\$250.00

*Deposit of \$125 due with application.
Remainder to be paid no later than May 21.*

MAKE CHECKS PAYABLE TO

Lafayette Music Camp

MAIL TO

3700 Johnston Street, Lafayette, Louisiana 70503

*Upon receipt of your deposit and application, we will email a camp packet to you.
The camp packet includes camp policies, a list of supplies, a map with directions
to the camp and other important information.*

*Students will be housed in air-conditioned dorms and under counselor supervision.
All activities are conducted and supervised by certified band directors
and other qualified instructors.*

REFUND POLICY

No refunds will be made after receipt of camp application.

Questions & More information

337.984.3700 | www.lafayettemusiccamp.com | info@lafayettemusiccamp.com

Application & Registration

Student's Full Name: _____ Date of Birth: _____

Age: _____ Gender: M/F Height: _____ Weight: _____ Shirt Size (Adult): S / M / L / XL / XXL

School: _____ # of Years in Band: _____ Instrument: _____

Student would like to room with: (Name/School) _____

Notice: Students will be assigned housing accommodations according to gender; room assignments will be made by age and grade if possible. An attempt will be made to accommodate all roommate requests; however, they cannot be guaranteed.

Parent/Guardian Full Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

HomePhone: _____ CellPhone: _____ Email: _____

Health/Accident Insurance Company: _____ Policy #: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, please note "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Lafayette Music Camp activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from Lafayette Music Camp. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Lafayette Music Camp volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Camp activities. With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Lafayette Music Camp, Inc., the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to Lafayette Music Camp, Inc., as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Lafayette Music Camp activities, and I hereby release Lafayette Music Camp, Inc., the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Lafayette Music Camp, Inc., and I specifically waive any right to any compensation I may have for any of the foregoing.

(detach and mail)

NOTE: Due to the nature of programs and activities, Lafayette Music Camp cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None _____ Date: _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all Lafayette Music Camp activities described, except as specifically noted.

Parent/Guardian Signature: _____ Date: _____

I promise to obey the rules and regulations at the Lafayette Music Camp and will cooperate with the staff, teachers and fellow campers. If I do not follow these rules, I realize that I might be returned home without refund.

Student Signature: _____ Date: _____

HEALTH HISTORY

Do you currently have or have you ever been treated for any of the following?

- | Yes | No | Condition | Yes | No | Condition |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Head injury/concussion |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension (high blood pressure) | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric/psychological or emotional difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult or congenital heart disease/heart attack/
chest pain(angina)/heart murmur/coronary artery
disease. Any heart surgery or procedure. | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/neurological disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of heart disease or any sudden heart
related death of a family member before age 50. | <input type="checkbox"/> | <input type="checkbox"/> | Blood disorders/sickle cell disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA | <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells and dizziness |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma/Last attack date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung/respiratory disease/COPD | <input type="checkbox"/> | <input type="checkbox"/> | Seizures/Last seizure date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear/eyes/nose/sinus problems | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal/stomach/digestive problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal condition/muscle or bone issues | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid disease |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Excessive fatigue |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnea/sleep disorders/CPAP |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Surgeries/Hospitalizations |

Explain any "Yes" answers or any other medical conditions not covered above: _____

ALLERGIES/MEDICATIONS

Youth has NO KNOWN allergies. Youth is NOT currently taking any medications.

Circle any known allergies: Medication/Plants/Food/Insect Bites/Stings? Explain: _____

List all medications currently used, including any over-the-counter medications (Medication/Dose/Frequency/Reason)

Yes/No Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by Parent/Guardian.

Parent/Guardian Signature: _____ Date: _____

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

DO NOT WRITE IN THIS BOX // FOR CAMP ADMINISTRATORS USE ONLY

Reviewed by: _____ Date: _____

Further approval required: Yes/No Reason: _____

Approved by: _____ Date: _____

(detach and mail)