

## 2018 SUMMER MUSIC CAMPS

### Session I - Colorguard Camp or Session II - Colorguard Camp REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Female  Male T-Shirt Size (Adult) \_\_\_\_\_

Instrument \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Your Present School Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

Your Email Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Parent's Cell Phone Number (parent or contact person) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Roommate Preference \_\_\_\_\_

*The NSU Band and NSU do not tolerate cases of vandalism, fighting, substance abuse or other violations of camp safety regulations. NSU reserves the right to expel a student on these grounds. No refunds are given in cases of expulsion from camp.*

If you have any questions, please contact:

**Dan McDonald**, Camp Director

Phone: (318) 357-4522 | Fax: (318) 357-5906

Email: band@nsula.edu | Website: demonband.nsula.edu

Office Use Only:

Check # \_\_\_\_\_ Date Received \_\_\_\_\_

Amount \$ \_\_\_\_\_

## 2018 SUMMER MUSIC CAMPS

Colorguard Camp-Session I ..... June 3-6

(For students completing grades 8 – 11)

Flag  Rifle  Sabre

Colorguard Camp-Session II ..... June 10-13

(For students completing grades 8 – 11)

Flag  Rifle  Sabre

**Early Registration Deadline May 11, 2018**

**FEES** (Check One)

Early Registration (**postmarked by May 11**) .....\$280

Late Registration (**postmarked after May 11**) .....\$300

Director/Adult Chaperone .....\$200

### PAYMENTS

You may reserve your place with a  
\$50.00 deposit or full payment.

All payments should be made by  
money order, school check, or personal check.

You may also pay by credit card by registering online at

**demonband.nsula.edu**

**NOTE:** If your check or money order pays for more than  
one student, please include itemized list on separate page.

**BALANCE OF FEES DUE  
ON THE FIRST DAY OF CAMP REGISTRATION**

Make checks payable to:  
**NSU Summer Music Camps**

AMOUNT ENCLOSED: \$ \_\_\_\_\_

### REFUNDS

**NO REFUNDS AFTER MAY 11, 2018**

**MAIL APPLICATION AND PAYMENT TO:**

**Northwestern State University**

**School of CAPA**

**Attn: Summer Music Camps**

**140 Central Avenue**

**Natchitoches, LA 71497**

## 2018 SUMMER MUSIC CAMPS

### AUTHORIZATION FOR MEDICAL TREATMENT

Please complete this form in its entirety for your child to have a place reserved in the NSU Summer Music Camps.

**I, the undersigned, as a parent or legal guardian of a minor child,**

\_\_\_\_\_ hereby authorized the physicians and their associates of Natchitoches Parish Hospital to perform such diagnostic, medical, and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child. It is distinctly agreed and understood that Northwestern State University and its employees shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any claims and demands whatsoever which may arise, grow out of, or incident to such diagnosis, treatment, or surgery in so far as the law allows, I am bound to hold the Natchitoches Parish Hospital and its physicians and Northwestern State University and its employees harmless from any and all consequences of such treatment, diagnosis, or surgery provided that these duties are performed with ordinary care and to the best of their ability. I give permission for the staff at the camp to administer over-the-counter medications (headache tablets, upset stomach formulas, etc.) in the event your child requires medication? I understand the NSU Band and NSU do not tolerate cases of vandalism, fighting, substance abuse or other violations of camp safety regulations and that NSU reserves the right to expel a student on these grounds. In addition, I understand no refunds are given in cases of expulsion from camp.

• **Does your child have allergies to medications or food?**

If yes, state: \_\_\_\_\_

• **Does your child require any special treatments or medication?**

If yes, state: \_\_\_\_\_

• **Is the child covered by health insurance?**

If yes, please give the company name and policy number:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

• **Do you give permission for the staff at the camp to administer over-the-counter medications (headache tablets, upset stomach formulas, etc.) in the event your child requires medication?**

Yes  No

Signature of Parent/Guardian \_\_\_\_\_

NORTHWESTERN STATE UNIVERSITY  
**Drumline Camp**  
**REGISTRATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Female  Male T-Shirt Size (Adult) \_\_\_\_\_

Instrument \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Your Present School Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

Your Email Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Parent's Cell Phone Number (parent or contact person) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Roommate Preference \_\_\_\_\_

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Amount \$ \_\_\_\_\_

**2018 SUMMER MUSIC CAMPS**

**Yamaha Sounds of Summer  
 Drumline Camp**

(For students completing grades 8 – 11)

**Early Registration Deadline May 11, 2018**

**FEES** (Check One)

Early Registration (**postmarked by May 11**) .....\$280

Late Registration (**postmarked after May 11**) ...\$300

Director/Adult Chaperone .....\$200

**PAYMENTS**

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**NOTE:** If your check or money order pays for more than one student, please include itemized list on separate page.

**BALANCE OF FEES DUE  
 ON THE FIRST DAY OF CAMP REGISTRATION**

Make checks payable to:  
**NSU Summer Music Camps**

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**REFUNDS**

**NO REFUNDS AFTER MAY 11, 2018**

**MAIL APPLICATION AND PAYMENT TO:**

**Northwestern State University  
 School of CAPA**

**Attn: Summer Music Camps  
 140 Central Avenue  
 Natchitoches, LA 71497**

**2018 SUMMER MUSIC CAMPS**

**AUTHORIZATION FOR  
 MEDICAL TREATMENT**

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Yes  No

\_\_\_\_\_  
 Signature of Parent/Guardian



NORTHWESTERN STATE UNIVERSITY  
**2018 Drum Major &  
 Band Leadership Camp  
 REGISTRATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Female  Male T-Shirt Size (Adult) \_\_\_\_\_

Instrument \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Your Present School Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

Your Email Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Parent's Cell Phone Number (parent or contact person) \_\_\_\_\_

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Roommate Preference \_\_\_\_\_

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 Amount \$ \_\_\_\_\_

**2018 SUMMER MUSIC CAMPS**

**2018 Drum Major &  
 Band Leadership Camp**  
 (For students completing grades 8 – 11)

**Early Registration Deadline May 11, 2018**

**FEES** (Check One)

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- Late Registration (**postmarked after May 11**) ...\$300
- Director/Adult Chaperone .....\$200

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**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

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**2018 SUMMER MUSIC CAMPS**

**AUTHORIZATION FOR  
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Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**• Do you give permission for the staff at the camp to administer over-the-counter medications (headache tablets, upset stomach formulas, etc.) in the event your child requires medication?**

Yes  No

\_\_\_\_\_  
 Signature of Parent/Guardian

**2018 SUMMER MUSIC CAMPS**  
**High School Concert Band Camp**  
**REGISTRATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Female  Male T-Shirt Size (Adult) \_\_\_\_\_

Instrument \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Your Present School Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

( ) \_\_\_\_\_

Your Cell Phone Number \_\_\_\_\_

Your Email Address \_\_\_\_\_

( ) \_\_\_\_\_

Parent's Cell Phone Number (parent or contact person) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Roommate Preference \_\_\_\_\_

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**Office Use Only:**  
 Check # \_\_\_\_\_ Date Received \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

**2018 SUMMER MUSIC CAMPS**  
**High School Concert Band Camp**  
**June 3-6**  
 (For students completing grades 8 – 11)

**Instrument:** \_\_\_\_\_

**Early Registration Deadline May 11, 2018**

**FEES** (Check One)

- Early Registration (**postmarked by May 11**) .....\$280
- Late Registration (**postmarked after May 11**) ....\$300
- Director/Adult Chaperone .....\$200

**PAYMENTS**  
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**BALANCE OF FEES DUE**  
**ON THE FIRST DAY OF CAMP REGISTRATION**  
 Make checks payable to:  
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**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

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**2018 SUMMER MUSIC CAMPS**  
**AUTHORIZATION FOR**  
**MEDICAL TREATMENT**

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If yes, state: \_\_\_\_\_

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If yes, please give the company name and policy number:

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**• Do you give permission for the staff at the camp to administer over-the-counter medications (headache tablets, upset stomach formulas, etc.) in the event your child requires medication?**

Yes  No

Signature of Parent/Guardian \_\_\_\_\_