



University of
Massachusetts
Lowell

SYMPHONIC BAND CAMP

35 Wilder Street, Durgin Hall Suite 3, Lowell, MA 01854
Deb Huber, Director (978) 934-4133

MEDICAL FORM

Name: _____ Date of Birth: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Parent(s) Name: _____ Home Phone: (____) _____
 Emergency Contact (Name & Phone): _____

To be completed and signed by all students and by parents/guardians of students

I certify that _____ is able to participate, and that there is no objection to his or her participation in band camp, or any of the activities therein contained. Furthermore, in consideration of my child's being permitted to participate in the UMass Lowell Symphonic Band Camp program, I agree, on behalf of my child, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my / my child's participation in the UMass Lowell Symphonic Band Camp program. To the maximum extent permitted by law, I release and indemnify the University of Massachusetts Lowell, its Board of trustees and their officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or my child may be liable to any other person, during my / my child's participation in the UMass Lowell Symphonic Band Camp program- held at the University from Sunday, July 15 through Saturday, July 21, 2012.

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the Director or the Band Camp Staff. A child taken to the hospital will necessitate a parent or guardian's attendance at the hospital at the earliest possible time.

Emergency Care Providers require the following information. All information provided shall be held in confidence and maintained by the Director and Assistant Directors.

My / Our Medical Plan is: _____ Medical Plan Number: _____
 The Policy Holder is: _____ Employer of Policy Holder: _____
 Primary Care Doctor: _____ Primary Care Phone: (____) _____
 Location of Primary Care Doctor: _____ No Medical Insurance: _____

Please list ALL of the following: *Current Medical Conditions, Current Medications (and for what reason medication is being taken), Allergies, any physical limitations* that would prevent you from participating fully in the UMass Lowell Symphonic Band Camp. *Please be specific.* Please attach any necessary information.

Is there anything else of which the camp staff should be made aware?
 (vegetarian, gluten, nuts, diabetic, or issues for which the student may not be medicated...etc)

Signature of Student: _____ Date: : _____
 Signature of Parent / Guardian: _____ Date: _____

MEDICAL, REGISTRATION FORM & ENROLLMENT FEE, COMPLETED IN FULL, DUE BY JULY 1, 2012



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REGISTRATION FORM – Enrollment Closes on July 1, 2012

Name _____ Date of Birth: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Parent(s) Name: _____ Home Phone: (____) _____
 Student Email address: _____ Student Cell Phone (____) _____
 Instrument: _____ T-Shirt Size (adult): Small____ Medium____ Large____ XL____ 2XL____
 (Be specific: Ex.: Specify Alto Sax, Tenor Sax, Bass Clarinet) Gender (M/F)____ Room-mate request _____

Enrollment Costs:

\$85.00	Registration Fee (non-refundable)
<u>\$465.00</u>	Camp Tuition (\$65 Housing Fee & all meals included)
\$550.00	TOTAL COST

Check#	Amount	Date

Please make Check or Money Order payable to: *UMass Lowell*

Credit Card Type: ____ MC ____ Visa or Check Amount: _____ Check # _____

Credit Card Number# _____ Expiration Date: _____

Card Holder's Signature: _____ 3 digit Security Code: _____

Please be advised that due to restrictions with vendors, refunds cannot be issued after July 1.

In order to reserve an opening for a student, this form and *Medical Form* must be signed and accompanied by the non-refundable registration fee of \$85.00.

Scholarship Information and Requirements

1. Submit a recording on CD or Cassette postmarked by May 10, 2012 of a solo piece that is at the district level. Submissions that are not solo pieces will not be considered for scholarship. (Please check your Jr. District, Sr. District or All-State audition pieces for examples.) Two excerpts (3-5 minutes total) – fast to demonstrate technical skill & slow demonstrating tone quality & expression
2. The recording must be clearly marked with: First and Last name, Instrument and Title of piece
3. Duplicate copy of the piece performed – Do not send originals as they will not be returned.
4. Application (completed in full) and registration fee MUST accompany recording for recording to be considered.

We appreciate your interest in your child's performance, and know that many of you will be recording this event. Please use these recordings only for your own entertainment in your own home. To maintain the integrity of the camp program we ask that you allow us to control the photos, videos and recordings that are released to the public. We select such media with the intention of preserving your child's safety and adhering to copyright standards. We appreciate your consideration of this request.

I certify that I understand that the UMass Lowell Symphonic Band Camp program has my permission to use any and all audio and video recordings of me for the purpose of publicity, promotion or education.

I agree to comply with the behavioral standards of UMass Lowell / UMass Lowell Symphonic Band Camp, and respect the underlying assumptions and principals upon which they are based. The Camp Director & Assistant Directors reserve the right to dismiss a student from the program, without the possibility of a refund, for failure to comply with rules and guidelines provided to them by the camp staff throughout the week. Parents will be contacted and are expected to pick up their child at any time in which it is deemed necessary for the student to be removed.

Signature of Student: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

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INFORMATIONAL FORM - (For office use only) Received _____ Electives _____ / _____ Theory _____ Recorded _____

NAME: _____ INSTRUMENT(s): _____

For Percussionists Only: I have experience playing the following instruments:
_____ Mallets _____ Timpani _____ General Percussion (snare, bass, cymbals)

District Information (answer if you live in MASSACHUSETTS)

What Massachusetts Music District are you in? _____ Northeastern _____ Eastern _____ Central _____ Western _____ Southern

I auditioned for and was accepted in: _____ Junior District for the years: _____
_____ Senior District for the years: _____
_____ All-State for the years: _____

If from a state other than Massachusetts, have you **auditioned and been accepted into an honors band? _____

Have you ever attended the UMass Lowell Symphonic Band Camp before? _____ Yes No _____

If yes, what years did you attend? _____2007 _____2008 _____2009 _____2010 _____2011

Do you have experience in playing in a jazz ensemble _____ Yes No _____

If yes, please specify the instrument: be specific _____

REMINDER: MEDICAL FORM, REGISTRATION FORM AND ENROLLMENT FEE MUST ALL BE SUBMITTED TO HOLD A SEAT IN THE CAMP. AUDITIONS ARE NOT REQUIRED.

HOWEVER, THE STATED SCHOLARSHIP REQUIREMENTS MUST BE MET IF SUBMITTING A CD OR MP3 FOR SCHOLARSHIP CONSIDERATION. FORMS MUST BE TURNED IN *PRIOR TO* OR *WITH* THE RECORDING TO BE CONSIDERED FOR A SCHOLARSHIP.

THERE WILL BE ON-SITE STORAGE (For Amps & Drum Sets).
SET DRUMMERS- PLAN ON BRINGING YOUR DRUMSET
Guitar and Bass players MUST bring an amp and all necessary cables/cords.

All other instrumentalists – some lockers are available.
If you wish to use a locker you must bring a combination lock.

ALL: CONCERT DRESS FOR THE BAND CAMP FINALE CONCERT:
BLUE JEANS OR DARK PANTS & THE CAMP T-SHIRT THAT WILL BE PROVIDED.

RETURN THIS FORM, COMPLETED IN FULL, BY JULY 1, 2012 TO THE ADDRESS ABOVE