

**JUNE
2024**

Tarleton Summer Band Camps

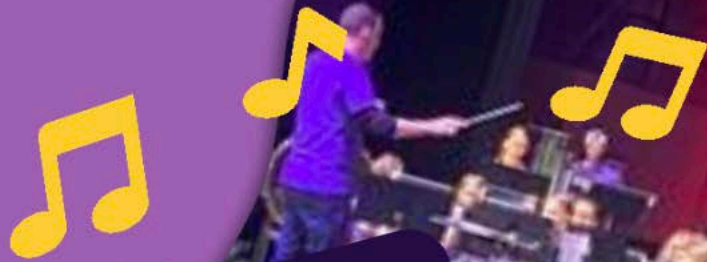
**HIGH
SCHOOL
BAND
CAMP**

JUNE 9th-13th

**MIDDLE
SCHOOL
BAND
CAMP**

JUNE 16th-20th





SUMMER Band CAMP

COST FOR
DAY CAMPERS

\$175

COST FOR
OVERNIGHT CAMPERS

\$375

FOR MORE INFO
CONTACT
FACAMP@TARLETON.EDU

254-968-9130 



SUMMER 2024 MIDDLE SCHOOL BAND CAMP

REGISTRATION FORM

FOR STUDENTS ENTERING GRADES 6TH-8TH

CAMP DATE

JUNE 16-20, 2024

CAMP COST (mark appropriate choice)

Commuter (day campers) \$175

Commuter (day campers) will be provided lunch & dinner.

Resident \$375

REGISTRATION INFORMATION AND DEADLINE

Registration will NOT be processed until form has been completed, signed (front & back), copy of insurance, and deposit paid.

Registration forms and \$100 deposit are due to the camps office by May 20, 2024.

All camps fees must be paid in full by May 31, 2024.

For additional information contact: Prudence Jones, (254) 968-9669,

Camp staff (254) 968-9130; email: facamp@tarleton.edu

For online applications and payments visit our website: www.tarleton.edu/summercamps/band.html

Mail payment and application to:

Tarleton State University, Department of Fine Arts Summer Camps, P O Box T-0320, Stephenville, TX 76402

INDIVIDUAL INFORMATION (please print clearly)

Name: _____ Parent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Grade in Fall '24: _____ Gender: _____ Date of birth: _____

Two phone #'s where parents can be reached at all times: () ()

parent's email: _____ camper's email: _____

School Name: _____ ISD: _____

Band Director's Name and Email: _____

Instrument student plays: (circle one) Flute Oboe Bassoon Clarinet Bass Clarinet Alto Sax Tenor Sax

Bari Sax Trumpet French Horn Trombone Baritone TC Baritone BC Tuba Percussion Drum Set

Check if interested in participating in the jazz band during the camp? Yes No

Housing: I will commute stay in residence hall

Roommate preference: _____

ROOMMATE REQUEST **MUST** BE SUBMITTED ON THIS FORM. ALL ROOMMATES WILL BE ASSIGNED BY SUMMER CAMPS STAFF.

IF THE ROOMMATE PREFERENCE IS LEFT BLANK. EVERY EFFORT WILL BE MADE TO GRANT ROOMMATE REQUESTS, BUT THEY ARE **NOT** GUARANTEED.

T-shirt size:(adult sizes) XS S M L XL XXL (circle one)

PAYMENT POLICY

A non-refundable deposit of \$100 is due with the registration. Payment is due in full by May 31, 2024.

Deposit will be applied to the cost of the camp.

PLEASE MAKE PAYMENT(S) PAYABLE TO: TARLETON STATE UNIVERSITY.

Payment type: Money Order Personal checks: No personal checks will be accepted without the following information:

Drivers license number, signer's date of birth, current address, and name of the camper.

Credit cards for full amount ONLY.

For credit card payment call 254-968-9130 to give information by phone.

REFUND POLICY

The \$100 deposit is non-refundable. A refund of the remaining balance after the deposit will be given if the application is canceled one week prior to camp. In order to receive a refund, the parent/guardian must complete a W-9 form, which may be obtained from the director of summer camps. No refunds will be given after the start of camp.

Please allow 6-8 weeks for your refund.



Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

MEDICAL INFORMATION

The following is to be completed and signed by parent/guardian or by camper (if camper is 18 years of age or above). To be admitted to camp this form **MUST** be completed and signed. Circle appropriate answers below. Camper will be responsible for their own medications.

Camper Name: _____ Parent Name: _____

Is the camper/minor allergic to any medication? Yes No *If yes, please list:*

Will the camper/minor be taking any medication at the time of camp? Yes No *If yes, please list:*

The camper/minor has permission to take prescription drugs brought to camp/prescribed at camp. Yes No
Please list any medical conditions (asthma, diabetes, food allergies, etc.)

My child has permission to take over the counter medicines (Tylenol, Ibuprofen, etc.) as deemed necessary by the camps nurse/physician. Yes No

Family Doctor _____ Phone _____

INSURANCE INFORMATION/MEDICAL POLICY

The Fine Arts Summer Camps provide a non-comprehensive health insurance policy that is intended to assist parents with medical bills. Campers are covered for the duration of the camp they attend. The Fine Arts Summer Camps medical coverage is for accidents only; parents will be responsible for all medical bills in regards to illness. **A COPY OF THE CAMPER'S (PARENTS) INSURANCE CARD (FRONT AND BACK) MUST BE PROVIDED WITH THE CAMPER'S APPLICATION.**

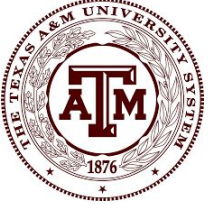
Insurance Company _____ Policy Number _____

Address _____ Phone # _____



Signature of Parent or Guardian or participant (if 18 and over):

Date: _____



THE TEXAS A&M UNIVERSITY SYSTEM

AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

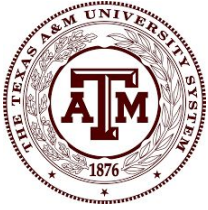
I, _____, age _____, desire to participate voluntarily in all activities of the _____ (“Activity”), which is sponsored or conducted by or under the auspices of _____ (“Sponsor”), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, including the COVID-19 virus, its variants and other mutations, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. **As such, I am aware that I should review my personal insurance coverage.** Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

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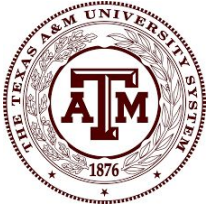
MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, **I hereby give my consent for any medical treatment, rescue or evacuation services that may be required** (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. **I, for myself, my heirs, personal representatives or assigns**, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. **I, for myself, my heirs, personal representatives or assigns**, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, **including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this _____ day of _____, 20____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)

Participants Name:			
Address:			
Phone:			
UIN or Driver's License#			
Student	Fac/Staff	Dependent	General Public
Participant Emergency Contact Information			
Emergency Contact Name:			
Address:			
Phone:			
Alternate Phone:			
Relationship to Participant:			