

Youth Brass Band Summer Camp

July 15-19, 2019
Marshall High School



Application Form

Early Application Due Date: March 1, 2019

Regular Due Date: May 1, 2019



YOUTH BRASS BAND CAMP

APPLICATION INSTRUCTIONS

General

You must complete all items in the application. Please print your answers using either black or blue ink.

Section 1 – Student Information

If you want to be known at camp by a nickname, complete that item with the name you prefer. Otherwise put “N/A” in the space for the nickname.

If you are not in a band or an orchestra, please list the name of someone who knows of your skill level with your instrument.

If you play more than one musical instrument, rank them by putting a “1” for the instrument you play best, “2” for the instrument you play second best, and so on.

Example:

<input type="checkbox"/>	E♭ Cornet
<input checked="" type="checkbox"/>	B♭ Cornet
<input type="checkbox"/>	Flugel Horn
<input type="checkbox"/>	French Horn
<input type="checkbox"/>	1 Baritone
<input type="checkbox"/>	Euphonium
<input checked="" type="checkbox"/>	2 Trombone
<input type="checkbox"/>	Bass Trombone
<input type="checkbox"/>	Tuba
<input type="checkbox"/>	Percussion (Specify _____)

If you play more than one instrument, please estimate your skill level on your best instrument. The camp is designed to build on existing skills.

Section 2 – Parent/Guardian Information

The information in this section will help us to know who to contact in case of emergency. Also, you will need the permission of a parent or guardian to attend the camp.

Section 3 – Health Information

Please alert us to your allergies, especially those that can pose serious health risks such as peanut allergies.

Section 4 – Your Goals

If you have a goal or goals different from the ones listed in this section, please print them clearly below the suggested goals.



2019 Youth Brass Band Summer Camp

July 15-19, 2019

Section 1 – Student Information

First Name: _____ MI _____ Last Name: _____

Date of Birth: _____ Your Instrument(s):

Your School: _____

Your Band Director: _____

Have you attended a prior Youth Brass Band Camp? Yes [] No []

Have you had private lessons on your instrument? Yes [] No [] If yes, for how many years? _____

Number of years playing your primary instrument: _____

Estimate your skill level on your best instrument: Beginner [] Intermediate [] Advanced []

- Eb Cornet
- Bb Cornet
- Flugel Horn
- French Horn
- Baritone
- Euphonium
- Trombone
- Bass Trombone
- Tuba
- Percussion
(Specify _____)

Section 2 – Parent/Guardian Information

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____ City and Zip: _____

Email Address: _____ Phone #: _____

Can this person provide transportation for you to the camp? Yes [] No []

Section 3 – Health Information

Insurance Provider: _____ Policy #: _____

List food or other allergies: _____

Family Doctor: _____ Phone #: _____

Section 4 – Your Goals

What are your goals for attending the 2019 Youth Brass Band Summer Camp? Check all that apply.

Improve my technique [] Exposure to new music styles [] Meet other good musicians []

Grow as a musician [] To be challenged [] Make new friends [] Excel musically []

Section 5 – Your Thoughts about Attending the Camp

What do you feel attending the Youth Brass Band Summer Camp will mean to you?

Your signature

_____ Date: _____

Parent/Guardian signature

Mail completed application to: YBB Summer Camp, PO Box 556, Marshall, MI 49068

CONSENT FOR TREATMENT

Brass Band of Battle Creek

Youth Brass Band Camp

STUDENT NAME _____ BIRTHDATE ____/____/____

MEDICATION ALLERGIES _____

OTHER ALLERGIES _____

Dear Parent or Guardian:

Please complete and sign this form so that your student may receive medical care if needed while at the BBBC Youth Brass Band Camp.

I give my permission for (Student's Name) _____ to receive medication and/or first aid from Mr. Jeremy Root or his designee. In addition, I give Mr. Root or his designee permission to seek additional medical care for my child as needed. Every effort will be made to reach the individuals listed below prior to seeking additional care.

I give permission for my child to receive any of the medications listed below as deemed appropriate by Mr. Root or his designee:

- | | |
|---|------------------------------------|
| A. Antibiotic ointment | G. Chewable antacid tablets (Tums) |
| B. Benadryl oral | H. Cortisone cream |
| C. Acetaminophen (Tylenol) | I. Antiseptic Wash |
| D. Ibuprofen (Advil) | |
| E. Throat Lozenges | |
| F. Dry Tears Saline eye drops (non-medicated) | |

I understand that the above medications will be administered by Mr. Root or his designee in accordance with manufacturer's instructions. I verify that I am authorized to sign this consent for the person named above.

Parent/Guardian Signature _____ Date _____

Your child's health information is confidential and only available to the BBBC staff. I permit the BBBC staff to share health information with medical professionals as necessary to provide a safe and positive environment.

Parent/Guardian Signature _____ Date _____

Student Health Information

Name _____ M ___ F ___ Birth date ___/___/___ Grade _____
Last First Middle Initial

Address _____ Phone _____
Street City Zip Code

Does student have health insurance? ___ Yes ___ No List _____

Doctor's Name _____ Telephone Number _____

Date of last physical _____

Dentist's Name _____ Telephone Number _____

Does student have any of the following? (please circle each that apply)

Allergies Yes No To drugs, food, pollen, etc? List _____

Describe reaction _____

Does your child have an EpiPen at YBB Festival Day? Yes ___ No ___

Bee sting allergy Yes No Describe reaction _____

Does your student have difficulty breathing when stung? Yes ___ No ___

Does your child have a Bee Sting Kit at YBB Festival Day? Yes ___ No ___

Asthma Yes No Treatment needed _____ Triggered by _____ Diagnosed by doctor? Yes ___ No ___

Uses an inhaler/nebulizer? (please circle one) Yes ___ No ___ Inhaler/nebulizer available at YBB Festival Day? Yes ___ No ___

Diabetes Yes No Does your child take insulin? Yes ___ No ___

Does your child take oral medication? Yes ___ No ___ List typical range of blood sugar _____

Testing equipment at YBB Festival Day? Yes ___ No ___

Epilepsy/Seizures Yes No Describe seizure _____

Medication _____ Last seizure (date) _____

Heart Condition Yes No Describe _____ Physical restrictions? _____

Medication _____

Had chicken Pox Yes No Date: _____ Vaccine: Yes ___ No ___

List any serious illnesses, surgeries or injuries in the past 12 months:

Eyes: Glasses ___, Contact Lenses ___, Other _____

Ears: Tubes ___, frequent infections ___, Hearing aid ___, difficulty hearing _____ Other (circle those that apply): Headaches, ADD/ADHD, Nosebleeds, Sleeping Problems, Skin Problems, Bladder/Bowel Problems, Blood Pressure Problems, Mental Health Issues, Eating Disorder, Dental Problems, Menstruation Problems, Blood Disorder (for example: sickle disease): Describe: _____

Other health information or concerns: _____

Mother/Guardian _____ Home # _____ Work # _____ Father/Guardian _____

Home # _____ Work # _____ Other Emergency Contact _____

Relationship _____ Phone _____ Parent/Guardian _____

Signature _____ Date _____