

BAND AT THE BEACH MUSIC CAMP



Our Twenty-Ninth Year!!! - www.bandatthebeach.org

Dates: Monday through Friday, July 24, 25, 26, 27, 28, 2017.

Times: 11:00AM - 3:00 PM Monday through Thursday
12:00N – 4:00PM Friday, followed by Camp Concert at 4:00 PM (Free to Public)

Location: Corriea JHS, 4302 Valeta St., San Diego, CA 92107

Entry requirements: Grades 7-12 with two full years of school and/or private instruction.
Graduating seniors and returning BATB alumni are welcome as Mentors, free of charge.
Please submit an application.

Fees: \$250 per student. 20% discount for All-State Honor Band participants, 2nd/more students per family, military families, SDSMI, Youth Symphonies, Westwind Brass & Wildwood Music Camp.

Application deadline: Friday, June 30, 2017. After the deadline please attach a \$10 late fee.

Please make your check payable to Band at the Beach Music Camp and mail to:

Band at the Beach Music Camp
3703 Lotus Drive
San Diego, CA 92106-1138
(Band at the Beach is a 501c3 organization)

-----please detach and return-----

Name _____ Age _____ Grade _____ Adult T-Shirt size _____

Instrument _____ Chair? _____ Private teacher _____

Address _____ Phone (____) _____

City _____ Zip _____ E-Mail _____

School _____ Band instructor _____

How many years have you attended BATB? _____ Band Instructor's signature _____

Parent/Guardian: _____ Emergency Contact: (____) _____

****On the reverse side, please list participation on music activities during the year.****

Applicants MUST complete attached CONFIDENTIAL Medical Information Release Form

CONFIDENTIAL

MEDICAL INFORMATION RELEASE FORM FOR BATB MUSIC CAMP

This form must be completed and signed by the student's parent/guardian. The form gives parental consent for staff to secure emergency services at parent guardian expense. Efforts will be made to contact the parent/guardian prior to treatment/hospitalization.

IN CASE OF EMERGENCY, STAFF AT BAND AT THE BEACH MUSIC CAMP NEEDS TO KNOW: (please print)

Student's name _____

Parent/guardian name _____

Address _____

City and zip _____

Telephone _____

Before assuming the authority to secure medical assistance and transport, we will attempt to contact the people below. (please print)

Family doctor _____ Telephone _____

Emergency Person to contact _____ Telephone _____

Relationship to student _____

Emergency contact person _____ Telephone _____

Relationship to student _____

----- BAND AT THE BEACH ACTIVITY PERMISSION -----

I understand that by signing this form:

1. I give my permission for my son/daughter to participate at BATB Music Camp and that my child may appear in pictures taken at Band Camp and for any such pictures to be used on the BATB website or other publicity.
2. I give my permission for staff/chaperones to provide first aid care and secure emergency care at my expense if necessary and will not hold BATB or any helper responsible..
3. I release San Diego Unified School District and staffers at BATB Music Camp from any liability, loss, expense or claim for illness, injury or damages that may arise from participation in the BATB program. I understand that the District does not provide accident insurance for students and that I am expected to provide coverage.

Parent/guardian signature

Date

Insurance Company

Policy Number

Is there anything else concerning allergies, medications or other special needs?

