



Summer High School Music Camps

"Perform and Inspire"

Percussion, Band, & Choir Camps - Student Registration Form

**There are 5 parts to this form which must be filled out completely for the form to be accepted as complete.*

Part 1: Student Information

STUDENT NAME: _____ STUDENT GRADE LEVEL IN UPCOMING FALL (9th, 10th, 11th, 12th): _____ HIGH SCHOOL ATTENDING: _____ INSTRUMENT(S): _____ STUDENT PHONE #: _____ STUDENT EMAIL ADDRESS: _____ RESIDENTIAL STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ STUDENT DATE OF BIRTH: _____ STUDENT T-SHIRT SIZE: _____

COMPANY NAME OF MEDICAL INSURANCE COVERING THE STUDENT DURING THE CAMP: _____

(Attach a copy of medical insurance to this form for director records.)

LIST ANY RELATED MEDICAL CONDITIONS OR FOOD ALLERGIES: _____

CAMPS BEING CHOSEN TO ATTEND: (Select any one or any combination with a checkmark.)

_____ Percussion Camp: June 20 _____ Band Camp: June 24-27 _____ Choir Camp: June 24-27

CAMP FEES:

_____ Commuter Fee for Percussion Camp: \$50 w/Ranger Café lunch (\$40 w/out lunch)

_____ Commuter Fee for Band and Choir Camps: \$150 w/Ranger Café lunch daily (\$110 w/out lunches)

\$ _____ TOTAL FEES TO BE PAID BY JUNE 15 FOR ANY CAMPS CHOSEN

Pay fees through June 15 by contacting the Kilgore College Cashier's Office at (903) 983-8108.

Part 2: Camper Parent/Guardian/Emergency Contact Information

CONTACT NAME: _____ CAMPER RELATIONSHIP: _____

RESIDENTIAL STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PRIMARY PHONE #: _____ CONTACT SECONDARY PHONE #: _____

CONTACT EMAIL ADDRESS: _____ TRANSPORTION TO/FROM KC PROVIDED

BY?: _____

Part 3: Commuter Agreement

I, _____ parent/guardian of _____ do hereby give my permission to my child to participate in the Kilgore College High School Summer Music Camp(s) as a commuter. I, the undersigned, understand that they need to sign upon arrival on the first morning with the Music Director as camp coordinator, in the Band or Choir Halls. I understand that they will leave Kilgore College at the set release time each day.

(Guardian's signature): _____ Date: _____

I, _____, a commuter participant in the Kilgore College High School Summer Music Camp(s) do hereby agree to attend all events as scheduled; to stay on campus during all classes, meals provided, and breaks until the dismissal of the last session in the day. I also agree to follow all rules and regulations of the camp as well as any specific regulations regarding commuters. I understand that failure to follow these policies will result in immediate dismissal from the intensive with no refund.

(Participant's signature): _____ Date: _____

Part 4: Kilgore College Activity Waiver Release

Kilgore College Camp/Extracurricular Activity Waiver, Release, and Indemnification Agreement

1. In consideration for voluntarily participating in the Camp/Extracurricular Activity and other valuable consideration, I hereby accept all risk associated with same participation and RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Kilgore College (KC), its Board of Trustees, its officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise (including but not limited to the negligence of other students and/or participants), while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises and/or activity.
2. To the best of my knowledge, I am in proper physical condition to participate in this activity. I represent and warrant that I have no known medical conditions that would limit or prohibit my participation in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to any inherent risks and/or dangers involved, and I hereby elect to voluntarily participate in said activity, and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, injury, damage, or costs, including court costs and attorney's fees, that may arise from or relate to my participation in said activity or event and is caused in whole or in part by my negligent or intentional act and/or omission.
4. It is my express intent that this Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I UNDERSTAND THAT KC WILL NOT BE RESPONSIBLE FOR ANY MEDICAL OR OTHER COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN DURING THIS EVENT AND/OR ACTIVITY.
6. I further agree to become familiar with the rules and regulations of KC concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by KC to obtain adequate health and accident insurance to cover and personal injury to myself, which may be sustained during the activity or the transportation to and from said activity.

8. KC and its governing Board reserve the right to use, reproduce, distribute, and/or display any camper's image, likeness or voice from any video or photograph taken at this activity or on KC's property. I further agree that such images are KC's sole property and understand the camper's name will not be used. By signing below, I agree to same. BY SIGNING BELOW, I ACKNOWLEDGE, WARRANT, AND REPRESENT THAT I have read the foregoing Waiver, Release and Indemnification Agreement, understand it releases all claims and causes of action related to my or my child's participation in this event/activity, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

(Required to fill out below if Participant is under 18)

PRINTED NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

NAME AND DATE OF CAMP(S)/ACTIVITIES ATTENDING: _____

(Required to fill out below if Participant is 18 or older)

PRINTED NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

Part 5: Kilgore College Activity Medical Authorization

Kilgore College Camp/Extracurricular Activity Authorization for Medical Treatment & Emergency Contact

CAMP(S)/ACTIVITY NAME AND DATE(S): _____

STUDENT CAMPER'S NAME: _____

STUDENT CAMPER'S DATE OF BIRTH: _____

MEDICAL INSURANCE COMPANY NAME: _____

MEDICAL INSURANCE POLICY NO.: _____

MEDICAL INSURANCE POLICY HOLDER'S NAME: _____

(You must attach a current copy of the student camper's medical insurance card.)

NAME OF STUDENT CAMPER'S PHYSICIAN: _____ PHYSICIAN'S PHONE #: _____

EMERGENCY CONTACTS (No one under the age of 18 is permitted to be listed)

PARENT/LEGAL GUARDIAN'S NAME: _____

PARENT/LEGAL GUARDIAN'S RESIDENTIAL STREET ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

ADDITIONAL CONTACT NAME: _____

ADD. CONTACT RESIDENTIAL STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

STUDENT CAMPER'S CURRENT MEDICATIONS, LIMITATIONS, SPECIAL NEEDS, MEDICAL CONDITIONS OR ALLERGIES:

ANY OTHER INFORMATION THAT MIGHT HELP US TO PROVIDE THIS STUDENT WITH THE BEST POSSIBLE EXPERIENCE IN OUR CAMP(S):

AUTHORIZATION:

IF CAMPER IS UNDER 18 YEARS OLD: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Kilgore College (KC) to take my child to a nearby medical facility for necessary treatment or to administer necessary drugs or treatment. I further consent and authorize any and all necessary treatment for my child and I accept all financial responsibility for such treatment and understand that KC will not be responsible for any such medical costs. In case of sickness or accident, I hereby authorize and consent to have medical personnel selected by KC to order and/or perform any medical attention or procedure deemed necessary. I understand and agree that KC and its employees will not, under any circumstances, be held responsible or liable in the event of accident or death arising out of or related to same medical attention and by signing below, I hereby release and agree to hold KC harmless for any claims or damages whatsoever related to any medical treatment or care provided to my child/me.

(If Participant is under age 18, please sign below)

Parent or Legal Guardian's Signature: _____ Date: _____

(If Participant is 18 years of age or older, please sign below)

Participant's Signature: _____ Date: _____