



2020 Music for All Summer Symposium Collegiate and Young Teacher*—Commuter

Ball State University, Muncie, IN • Monday, June 22, 2020 – Saturday, June 27, 2020
Leadership Weekend Experience: Saturday, June 20, 2020– Sunday, June 21, 2020



Please print clearly. Please mail completed form to Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, IN 46225 or fax to 317.524.6200. Photocopy completed application for your records.

Registrant Information				School Information	
First Name	M.I.	Last Name	First Name for Name Badge	School Name	
Email Address (All camp information will be sent to this email address.)**				School Phone w/Area Code	
Secondary Email address				Birthdate _____ MM / DD / YYYY	
Home Address				<input type="checkbox"/> *Music for All may send text message camp alerts to this cell phone. Standard text messaging rates may apply.	
City, State, Zip				<input type="checkbox"/> **Please send information on Music for All programs in addition to camp to this email address.	
Area Code/Home Phone		Area Code/Cell Phone*			

* Young Teacher discount registration fee is available to current college students and teachers in their first three years of teaching.

Late/Change Fees and Cancellation Policy

ALL cancellations: Before June 1—Music for All will retain \$250 as a non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will retain 100% of registration fee, no refunds.
\$75 Late Registration Fee applies: If an applicant registers or pays after May 20.

\$20 Change Fee applies after May 20: 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

Lost, Stolen or Damaged Items: BSU imposes a penalty for lost/stolen items needing replacement including room keys, meal wrist bands and damage to BSU property. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.

Date Enr'd

ID #

Payment Method

Payment MUST accompany application.

Check is enclosed.

Make Checks Payable to Music for All.

Charge Credit Card # _____ Exp _____ CVV _____

Billing Address, City, State, Zip _____

Signature _____ Print name of cardholder _____

DEPOSIT OPTION: Automatic payment to the credit card listed above. Music for All is authorized to charge the balance on May 20, 2020.



Amt \$

Payment Options Choose one: (DISCOUNT RATE for Collegiates and teachers in their first three years of teaching. See the "Collegiate and Young Teacher" Registration Form for pricing and details.)

Commuter Full Fee—Collegiate/Young Teacher—Postmarked on or before **May 20, 2020**\$260 = \$ _____
Does NOT include housing. Meals included are lunch Tuesday-Friday (6/23-6/26), Friday picnic dinner (6/26), Saturday picnic lunch (6/29).

Optional Additions and Upgrades (Must be Added to Full Week Fees):

Add Leadership Weekend Experience (June 20-21) \$205 = \$ _____
Available only to directors enrolled in the Full Week Directors' Academy.

Add Late Registration Fee (for registrations, additions or payments after May 20, 2020. Application must be postmarked by May 20 to avoid the late fee.) \$75 = \$ _____

FINAL TOTAL DUE – Choose one: I want to pay the the full fee **OR** I want to pay the \$250 deposit fee TOTAL= \$ _____

CC/Check #

Date

Music for All 2020 Summer Symposium Director Residential Registration

Please select one: **High School Director** **Middle School Director** **Color Guard Instructor** **Percussion Specialist Academy**

Use this Director form to register for Director Workshops and the Color Guard Instructor and Percussion Specialist Academy. All classes are interchangeable and open to all enrolled teachers. The designation above is for planning and preparation of course materials.

Directors who wish to play in the Directors' Concert or Jazz Bands should bring instruments.

Emergency Contact Information				Medical History: <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Chicken Pox		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Measles				<input type="checkbox"/> Heart defect/murmur <input type="checkbox"/> Surgery (past 2 years) <input type="checkbox"/> Mumps		
Emergency Contact	First	Last	Relationship	Last Tetanus/Diphtheria immunization date _____		
Home Address			City, State	MM / DD / YYYY		
Home Phone (Area Code)			Brief descriptions and dates of items checked			
Cell Phone (Area Code)			Medications – type, dose, and frequency (list)			
If above not available, in an emergency contact:						
Emergency Contact			Allergies – include allergies to medications, foods, sting, other substances (list)			
First	Last	Physical, medical or other restrictions that would limit camp activities				
Home Address			Insurance Carrier			
City, State			Policy Holder Name			
Zip			Policy # Group/Plan # Policy Holder Birthdate			
Home Phone (Area Code)			Family Physician Physician Phone (Area Code)			
Cell Phone (Area Code)			Family Physician Physician Phone (Area Code)			
Family Physician			<input type="checkbox"/> Copy of the front and back of your insurance policy card is attached-must accompany registration form			
Physician Phone (Area Code)			<input type="checkbox"/> NO INSURANCE. (Participants ARE able to attend camp without insurance.)			

Consent Form/Responsibility Clause (Please Fill Out Completely.)

I hereby agree to participate in the 2020 Music for All Summer Symposium listed on the front of this application. I understand that Music for All, Inc., Bands of America, Orchestra America and their respective officers, directors, agents (including Ball State University, JEN Jazz Education Network, Indianapolis Symphony Orchestra, Delaware County and their respective directors, officers, employees and agents) and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event (the "Sponsored Event").

Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures s/he deems necessary to my welfare while participating in the Sponsored Event. It is understood that Music for All and medical personnel will make every attempt to contact my emergency contact if I am unable to make determinations concerning my treatment. In the event they cannot be reached for an emergency, I hereby give permission to the physician selected by Music for All to secure and administer such treatment(s) as may be necessary, including hospitalization. I also authorize Music for All and its agents to release copies of my medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of the medical claim. A photocopy of is as valid as the original. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for me if such emergency conditions warrant. I hereby assume and agree to pay in indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed.

I hereby irrevocably grant to Music for All, Inc., Bands of America, Orchestra America, and their respective agents, licensees and assigns, the right to use in any and all media and in any and all forms my name, likeness, photographic prints and any video or audio reproduction of sounds, performance or appearances of me while attending the Sponsored Event, for any purpose including promotion, advertising or otherwise. I understand I will not be paid any royalty or other compensation. With the use of the rights, I hereby release Music for All, Inc. and its agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

I understand that consumption or possession of alcohol in the Ball State University residence halls is prohibited. I understand that a violation of this prohibition will result in the request for my departure from the residence halls. I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form.

Signature _____ Date _____

Print Name _____ Signature of Health Insurance policyholder _____