



2020 Music for All Summer Symposium High School Student Registration—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



COMV

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.

Student Information

First Name M.I. Last Name First Name for Name Badge

Email Address (All camp information will be sent to this email address.)**

Secondary Email Address

Home Address

City, State, Zip

County

Primary Phone (with Area Code)

Phone Type: Home Work Mobile*

Alternate Phone (with Area Code)

Phone Type: Home Work Mobile*

*Music for All may send text message camp alerts to this cell phone. Standard text messaging rates may apply.

**Please send information on Music for All programs in addition to camp to this email address

Date of Birth (MM/DD/YYYY)

T-Shirt Size (Shirt sizes are Adult Male Sizes): S M L XL XXL

Year of H.S. graduation: 20 21 22 23 24 Other

School Information:

School Name

Director First and Last Name

Director Email Address

School Phone (with Area Code)

School Address

City, State, Zip

Camp Schedule – Please note start and end times and make travel plans accordingly.

Full Week meals for Commuters begin with dinner Monday (6/22) and end with lunch Saturday (6/27) – housing and breakfast are excluded for commuters. Leadership meals begin with dinner Saturday (6/20) and end with Monday (6/22) lunch – breakfast is excluded for commuters. Supervision is provided beginning at 6 p.m., Sunday (6/21) for full week, and 6 p.m., Friday (6/19) for Leadership Weekend.

Registration, Leadership Weekend.....	8 a.m., Saturday, June 20, 2020
Opening Session, Leadership Weekend.....	1 p.m., Saturday, June 20, 2020
Registration, Full Week.....	8 a.m., Monday, June 22, 2020
Placement hearings.....	8 a.m., Monday, June 22, 2020 (Concert, Jazz, Percussion, Color Guard, Orchestra Only; No hearings in other areas.)
Opening Session, Full Week.....	1 p.m., Monday, June 22, 2020
Camp Ends.....	3 p.m., Saturday, June 27, 2020

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, housing, and roommate changes.

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.

NOTE FOR BAND DIRECTORS: You can reserve spots and pay in advance for applicants "To Be Announced." HOWEVER, you must provide names for the TBA spots by May 20, 2020, or a \$20 change fee per application will apply.

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.



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

Payment Options Choose one:

Commuter Super Saver Fee—Full payment postmarked on or before **January 31, 2020** (Lock in price with \$250 by March 31, pay balance by May 20) \$569 = \$ _____

Does NOT include housing. Includes lunch and dinner (no breakfast), Monday (6/22) dinner through Saturday (6/27) lunch.

Commuter Early Bird Fee—Full payment postmarked on or before **March 31, 2020** (Lock in price with \$250 by March 31, pay balance by May 20).....\$569 = \$ _____

Does NOT include housing. Includes lunch and dinner (no breakfast), Monday (6/22) dinner through Saturday (6/27) lunch.

Commuter Full Fee—Postmarked on or before **May 20, 2020** (Lock in price with \$250 by March 31, pay balance by May 20).....\$639 = \$ _____

Does NOT include housing. Includes lunch and dinner (no breakfast), Monday (6/22) dinner through Saturday (6/27) lunch.

Commuter Leadership Weekend ONLY (June 20-21) Postmarked on or before May 20, 2020.....\$325 = \$ _____

For those **NOT** enrolled in Full Symposium Week. Does NOT include housing. Includes lunch and dinner (no breakfast), Saturday (6/20) dinner through Monday (6/22) lunch.

Additions: (Must be Added to Full Week)

Commuter – Add: Student Leadership Weekend Experience (June 20-21) If registered due on or before May 20, 2020..... \$205 = \$ _____

For those enrolled in Full Symposium Week. Does NOT include housing. Includes lunch and dinner (no breakfast), Saturday (6/21) dinner through Monday (6/22) lunch.

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

Apply Instrumental Scholarship (Verification of eligible honor ensemble membership must accompany application. See scholarship amounts below*)..... DEDUCT = \$ _____

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

Continued on Back—Registration is not complete without both sides.

Date Entri

ID #

Amnt \$

CC/Check #

Date

Parent/Guardian Information (in case of emergency)			
Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Cell Phone (Area Code)	
Parent/Guardian Email Address (can include more than one)			
Second Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Cell Phone (Area Code)	
Secondary Parent/Guardian Email Address (can include more than one)			
If above not available, in an emergency, contact:			
Emergency Contact	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Cell Phone (Area Code)	

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
Last Tetanus/Diphtheria immunization date _____ MM / DD / YYYY
Brief descriptions and dates of items checked _____
Medications – type, dose, and frequency (list) _____
Allergies – include allergies to medications, foods, sting, other substances (list) _____
Physical, medical or other restrictions that would limit camp activities _____
Insurance Carrier
Policy Holder Name _____
Policy # _____ Group/Plan # _____ Policy Holder Birthdate _____
Family Physician _____ Physician Phone (Area Code) _____
<input type="checkbox"/> Copy of the front and back of your insurance policy card is attached-must accompany registration form
<input type="checkbox"/> NO INSURANCE. (Students ARE able to attend camp without insurance.)

Area of Study: Select <u>Only One</u>	<input type="checkbox"/> Concert Band	<input type="checkbox"/> Jazz Band	<input type="checkbox"/> Marching Band	<input type="checkbox"/> National Percussion Symposium	<input type="checkbox"/> Music Production Boot Camp
<input type="checkbox"/> Leadership Weekend Only June 20-21, 2020	<input type="checkbox"/> Flute <input type="checkbox"/> Oboe <input type="checkbox"/> Bassoon <input type="checkbox"/> Clarinet <input type="checkbox"/> Bass Clarinet <input type="checkbox"/> Alto Saxophone <input type="checkbox"/> Tenor Saxophone <input type="checkbox"/> Baritone Saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Trombone <input type="checkbox"/> Bass Trombone <input type="checkbox"/> Euphonium <input type="checkbox"/> Tuba	<input type="checkbox"/> Alto Saxophone <input type="checkbox"/> Tenor Saxophone <input type="checkbox"/> Baritone Saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Trombone <input type="checkbox"/> Bass Trombone <input type="checkbox"/> Piano/keyboard <input type="checkbox"/> Guitar <input type="checkbox"/> Acoustic Bass/Bass guitar <input type="checkbox"/> Drum Set	<input type="checkbox"/> Piccolo <input type="checkbox"/> Flute <input type="checkbox"/> Clarinet <input type="checkbox"/> Bass Clarinet <input type="checkbox"/> Alto Saxophone <input type="checkbox"/> Tenor Saxophone <input type="checkbox"/> Baritone Saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Mellophone/French Horn <input type="checkbox"/> Baritone/Euphonium <input type="checkbox"/> Trombone <input type="checkbox"/> Tuba/Sousaphone <i>Marching Percussion is NOT part of the Marching Band Division; select Percussion Symposium</i>	<input type="checkbox"/> Marching Percussion <i>My instrument is:</i> <input type="checkbox"/> Snare <input type="checkbox"/> Multi-Toms <input type="checkbox"/> Bass Drum <input type="checkbox"/> Symphonic Percussion <i>Drum Set students, select Drum Set in the Jazz Band area</i> <i>Marching Percussion is NOT part of the Marching Band Division.</i>	<input type="checkbox"/> Color Guard (Choose only ONE.) <input type="checkbox"/> Flag <input type="checkbox"/> Rifle <input type="checkbox"/> Sabre
<input type="checkbox"/> Bands of America Drum Major Institute <input type="checkbox"/> I will be bringing a Mace for Mace sessions. <input type="checkbox"/> I have added BOA DMI, 2020 will be my: <input type="checkbox"/> 2nd time <input type="checkbox"/> 3rd time <input type="checkbox"/> 4th time					
"Get on the Bus" Routes: <input type="checkbox"/> "I would be interested in riding a 'Get on the Bus' route if one departed from my area. See details at musicforall.org/bus					
<input type="checkbox"/> Orchestra <input type="checkbox"/> Violin <input type="checkbox"/> Viola <input type="checkbox"/> Cello <input type="checkbox"/> Double Bass					

Parental Consent Form/Responsibility Clause – Please Read Carefully and Fill Out Completely.

I hereby give permission for _____ 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 the welfare of this applicant while participating in the Sponsored Event. I hereby give permission to the Music for All and Bands of America nursing staff to observe students self-administering prescription medication and non-prescription medication during the sponsored event. It is understood that Music for All and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions, but in the event I or 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, for my child as named above and while attending the Sponsored Event. I also authorize Music for All and its agents to release copies of my son/daughter's medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of a medical claim. A photocopy is as valid as the original.

Further, this authorization permits said physician and medical professionals to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any 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. **Music for All requires participants to have a physical examination performed within the preceding 36 months of the camp by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility.** In certain cases, Music for All may request/require written evidence of physical exam.

We 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 this applicant's name, likeness, photographic prints and any reproduction of his or her sounds, performance or appearance 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, we hereby waive and release Music for All, Inc., Bands of America, Orchestra America and their respective agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

We acknowledge that the minor/applicant is responsible for the safety and security of his or her musical instruments, equipment and personal belongings and for loss or damage arising from mischievous acts, vandalism, theft or other causes. We the undersigned understand that the Sponsored Events are a smoke free and drug-free environment and that consumption of alcohol or unlawful drugs or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior of the minor should arise and in the judgment of the Music for All officials the minor should be sent home before the end of the Sponsored Events, we authorize Music for All to take such action. **I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form and the foregoing statements and policies.**