



2020 Music for All Summer Symposium Middle School Student Registration—Residential

Ball State University, Muncie, IN • Monday, June 22, 2020 – Saturday, June 27, 2020



CONV

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	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.)** _____	Director First and Last Name _____
Secondary Email Address _____	Director Email Address _____
Home Address _____	School Phone (with Area Code) _____
City, State, Zip _____ County _____	School Address _____
Primary Phone (with Area Code) _____ Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile*	City, State, Zip _____
Alternate Phone (with Area Code) _____ Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile*	The Middle School Concert Band Camp is designed for students entering 7th or 8th grade, with at least one year of performance experience on their instrument.
Date of Birth _____	Years of Performance Experience: <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3+
T-Shirt Size (Shirt sizes are Adult Male Sizes): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	8th Grade Completion Year: <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21
<input type="checkbox"/> *Music for All may send text message camp alerts to this cell phone. Standard text messaging rates may apply.	Expected Year of H.S. graduation: <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 Other _____
<input type="checkbox"/> **Please send information on Music for All programs in addition to camp to this email address	

Camp Schedule – Please note start and end times and make travel plans accordingly.
Camp Week meals begin with dinner Monday (6/22) and end with lunch Saturday (6/27). Supervision is provided beginning at 6 p.m., Sunday (6/21) for full week.

Registration, Full Week8 a.m., Monday, June 22, 2020
 Placement hearings8 a.m., Monday, June 22, 2020
 Opening Session, Full Week1 p.m., Monday, June 22, 2020
 Camp Ends3 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.

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.

Charge Credit Card # _____ Exp _____ CVV _____

Check is enclosed. Billing Address, City, State, Zip _____

Make Checks Payable to Music for All. 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 Options Choose one:

Super Saver Fee—Full payment postmarked on or before **January 31, 2020** (Lock in price with \$250 by January 31, pay balance by May 20)\$639 = \$ _____

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)\$699 = \$ _____

Full Fee—Postmarked on or before **May 20, 2020** (Total/balance due by May 20)\$759 = \$ _____

Additional Nights Housing (For registered participants only, for travel purposes, select all needed)

Sunday, June 21, 2020 (Includes Sunday night double room and meals beginning with dinner Sunday though Lunch on Monday)\$80 = \$ _____

Saturday, June 27, 2020 (Includes Saturday night double room and Saturday night dinner)\$60 = \$ _____

Add Late Registration Fee (for registrations or payments postmarked after May 20, 2020.\$75 = \$ _____

Apply Instrumental Scholarship (Concert Band Only – 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 = \$ _____

***Instrumental Merit Scholarships:** National Honor Ensembles Scholarship \$200 savings; All-State Scholarship \$150 savings; All-City/District Scholarship \$75 savings. Certificate of membership or teacher certification required. See musicforall.org/merit-scholarships for eligible ensembles.

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

Date Entri
ID #
Amt \$
CC/Check #
Date

Music for All 2020 Summer Symposium Middle School Student Residential Registration

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

SELECT YOUR MIDDLE SCHOOL CAMP DIVISION:

CONCERT BAND

Instrument: Select Only One

- Flute
- Oboe
- Bassoon
- Clarinet
- Bass clarinet
- Alto saxophone
- Tenor saxophone
- Baritone saxophone
- Trumpet
- French horn
- Trombone
- Bass Trombone
- Euphonium
- Tuba
- Percussion

COLOR GUARD

“Get on the Bus” Routes:

“I would be interested in riding a ‘Get on the Bus’ route if one departed from my area.”

“Get on the Bus” to the Summer Symposium and leave the driving to us. Music for All is working to arrange bus routes from points across the country. Please check musicforall.org/bus for more information about getting on a bus or being a bus captain.

HOUSING INFORMATION:

Gender: Female Male Select this option if you are in need of alternative housing information .

Please call Music for All at 800.848.2263 to discuss your specific housing circumstances.

Roommate Preference: Roommate preferences can only be considered if **BOTH** people request each other with their initial application. Roommate requests are not guaranteed. Maximum **TWO** people per room. Room and roommate assignments will not be available until on-site camp registration. Adults and students cannot be roomed together. You cannot request roommate “To Be Announced.” You and your requested roommate must have the same housing dates in order to be considered. Any changes after 5/20 will be subject to \$20 change fee per person. **High school and middle school students may not room together.**

Roommate Preference Full Name: _____

School, State: _____

Roommate Preference Email Address: _____

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.**