



Student Registration

Illinois State University, Normal, IL • Monday, June 23, 1 p.m. - Saturday, June 28, 3 p.m.
Leadership Weekend Experience: Saturday, June 21, 10 a.m. - Monday, June 23, 10 a.m.



2008 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by May 19, 2008 to register without a late fee. Photocopy completed application for your records.

Student Information—Please print.

School Information

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

E-mail address _____

Secondary E-mail address _____

Home Address _____

City, State, Zip _____

Area Code/Home Phone _____ Area Code/Cell Phone _____

Student is: Male Female Birthdate _____

School Name _____

School Street Address _____

City, State, Zip _____

Band or Orchestra Director (Is this director the primary Director at the school listed above?) Yes No

Band or Orchestra Director E-mail address _____

School Phone w/Area Code _____

Year of H.S. graduation: 08 09 10 11 12 Other _____

T-Shirt Size (Adult Men's Sizes): S M L XL XXL

Housing Information—Please note start and end times and make travel plans accordingly.

Registration, Leadership Weekend 8 a.m., Saturday, June 21, 2008

Registration, Full Week 8 a.m., Monday, June 23, 2008

Placement hearings 8 a.m., Monday, June 23, 2008
(Concert, Jazz, Percussion, Color Guard, Orchestra Only; No hearings in other areas.)

Opening Session 1 p.m., Monday, June 23, 2008

Camp Ends 3 p.m., Saturday, June 28, 2008

Full Week Fees include housing Monday night, 6/23 through Friday night, 6/27. Leadership housing includes Saturday and Sunday night (6/21 & 6/22). Full Week meals begin with dinner Monday and end with lunch Saturday (6/28). Leadership meals begin with lunch Saturday (6/21) and end with Monday lunch. Supervision is provided beginning at 6 p.m., Sunday, June 22 for full week, and 6 p.m., Friday, June 20 for Leadership Weekend.

Late/Change Fees and Cancellation Policy

- **ALL cancellations: Before June 1**—Music for All will keep \$300 non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will keep 100% of registration fee, no refunds.
- **\$60 Late Registration Fee applies:** If an applicant registers or pays after May 19.
- **\$35 Change Fee applies after May 19:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

- **Lost or Stolen Items:** ISU imposes a penalty for lost/stolen items needing replacement including room keys and meal wrist bands. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.
- **NOTE FOR DIRECTORS:** You can reserve spots for applicants "To Be Announced" in advance. **HOWEVER you must provide names for the TBA spots by May 19, 2008,** or a \$35 change fee per application will apply.

Payment Method - Payment MUST accompany application.

Check is enclosed. **Make checks payable to Music for All.**

Charge Visa/Mastercard/Discover/American Express # _____ Exp _____

Signature _____ Print name of cardholder _____

Payment Options* (choose one) Payment must accompany application.

- Early Bird Fee**—Full payment postmarked on or before **March 31, 2008**. No deposit option available. \$475=\$ _____
 - Full Fee**—Postmarked on or before **May 19, 2008** \$545=\$ _____
 - Deposit Option**—Non-refundable deposit postmarked on or before **March 31, 2008**. \$300=\$ _____
Full Fee balance of \$195 due before May 19, 2008, or add \$60 late fee.
 - Early Bird Commuter Option**—No housing. Includes lunch & dinner (no breakfast), Mon. dinner through Sat. lunch. \$370=\$ _____
Full payment postmarked on or before **March 31, 2008**. No deposit option available.
 - Commuter Full Fee Option**—No housing. Includes lunch & dinner (no breakfast), starting Mon. dinner through Sat lunch. \$415=\$ _____
Full payment postmarked on or before **May 19, 2008** (after May 19, add \$60 late fee below). No deposit option available.
 - OR: Leadership Preview Weekend ONLY** (June 21-22) For those **NOT** enrolled in Full Symposium Week \$340=\$ _____
 - Add: Student Leadership Weekend Experience** (June 21-22) to Full Symposium Week \$225=\$ _____
 - Additional Nights Housing** (For registered participants only, for travel purposes, select all needed)
 - Friday, June 20, 2008 (Available to leadership student participants only, **no charge if reserved by May 19**) \$23=\$ _____
 - Sunday, June 22, 2008 (Sunday night housing is included in the Leadership Fee for Leadership Weekend students) others:..... \$23=\$ _____
 - Saturday, June 28, 2008..... \$23=\$ _____
- Late Registration Fee (see conditions above) \$60=\$ _____

TOTAL=\$ _____

Please mail completed form to: Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, Indiana, 46225 or Fax to: 317.524.6200

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

Date Entr'd

ID #

Amt \$

CC/Check #

Date

Web

Music for All 2008 Summer Symposium Student Registration

Parent/Guardian Information (in case of emergency)			
Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or Cell Phone (Area Code)	
Parent Email address (can include more than one)			
Second Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or Cell Phone (Area Code)	
If above not available, in an emergency, contact:			
Emergency Contact	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or 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 _____ <div style="text-align: right;">MM / DD / YYYY</div>
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 # _____	Group/Plan # _____
Family Physician _____ Physician Phone (Area Code) _____	
<input type="checkbox"/> COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED <input type="checkbox"/> NO INSURANCE. (Students ARE able to attend camp without insurance.)	

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 camp registration. Adults and students cannot be roomed together. Cannot request roommate "To Be Announced." You and your requested roommate must have the same housing dates in order to be considered.	
Roommate Preference Full Name _____	School, State _____

Area of Study: Select Only One	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Leadership Preview Weekend Only </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> George N. Parks Drum Major Academy </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Color Guard <input type="checkbox"/> Flag <input type="checkbox"/> Rifle <input type="checkbox"/> Sabre <i>(Choose only ONE)</i> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Orchestra* <input type="checkbox"/> Violin <input type="checkbox"/> Viola <input type="checkbox"/> Cello <input type="checkbox"/> Double Bass </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Mac User Check here if you are a Mac computer user. We will then send a USB microphone adapter with your SmartMusic® installation disk. </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Concert Band* <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"/> French Horn <input type="checkbox"/> Trombone <input type="checkbox"/> Bass Trombone <input type="checkbox"/> Euphonium <input type="checkbox"/> Tuba </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Jazz Band* <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 - Two students are assigned to each jazz band by audition. Remaining drumset students are assigned to developmental classes. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Marching Band <input type="checkbox"/> Piccolo <input type="checkbox"/> Flute <input type="checkbox"/> Clarinet <input type="checkbox"/> Alto saxophone <input type="checkbox"/> Tenor saxophone <input type="checkbox"/> Baritone saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Mellophone/F. Horn <input type="checkbox"/> Baritone/Euphonium <input type="checkbox"/> Trombone <input type="checkbox"/> Tuba/sousaphone </div> <div style="border: 1px solid black; padding: 5px;"> World Percussion Symposium <input type="checkbox"/> Percussion Ensemble <i>Includes Concert and "Pit" percussion.</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"/> Cymbals <i>Marching Percussion is NOT part of the Marching Band Track.</i> </div>

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

I hereby give permission for _____ to participate in the 2008 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 Illinois State University, Community Unit School District No. 5, McLean and Woodford Counties, Illinois, National Easter Seals, Easter Seals Peoria-Bloomington 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 camp week. 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 of 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 a written report of 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.** This report must be available upon demand from Music for All officials.

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 their 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.

For students who have selected the **commuter** option, Music for All and the other entities named herein **will not be held responsible for these students prior to their arrival each day or after the period beginning fifteen minutes after the end of the evening concert or final student event of each day.**

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 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.**

Signature _____ Date _____ Relation to Student _____

Signature of Health Insurance policyholder _____