



DRUM MAJOR CAMP

DRUM MAJOR CAMP

WED, JUNE 27 - FRI, JUNE 29, 2012

REGISTRATION FORM Please complete this Registration Form and Medical and Consent Form and return to Pacific Crest.

YES! I would like enroll in the 2012 Pacific Crest Drum Major Camp Today's Date: _____

Student Informaton:

Full Name: _____ T-Shirt Size: _____

School Name: _____ Band Director: _____

Home Address: _____

City, State, Zip _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Parent / Guardian Information: [If student is under 18 years old]

Parent's Name _____

Parent's Phone: () _____ Parent's Cell: _____

Parent's Email: _____

TUITION POLICY: Tuition for the program is \$249. There are no refunds after June 22nd, 2012.

Please initial that you understand this policy _____ (Parent initials required if student is under 18 years of age)

EMERGENCY AND RELEASE OF LIABILITY: Student participates at own risk. Pacific Crest is not liable for any injury resulting from normal activity in Drum Major Camp classes. Should Student become ill or injured during his/her participation, he/she may receive necessary first aid and medical attention by a duly licensed medical professional or admitted to a hospital in case of emergency.

Please initial that you understand this policy _____ (Parent initials required if student is under 18 years of age)

PHOTO PUBLICITY: Pacific Crest is permitted to feature Student in Pacific Crest publicity, including publications, website, and announcements to the media.

Please initial that you understand this policy _____ (Parent initials required if student is under 18 years of age)

I (print full name or name of parent if under 18) _____ have read, understood, and agree to the Tuition Policy, Emergency and Release of Liability, and Photo Publicity above.

Signature: x

Date:

Form of Payment (Check Box) Check # _____ VI MC AM

Name on Card: _____ Exp: _____ CCV: _____

Card No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number: _____

Zip Code: _____

Signature: x



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FREQUENTLY ASKED QUESTIONS

Q: Who will be responsible for the participants throughout the 3 days?

A: Alumni from the Pacific Crest Organization (All over 21 years old) will be present during the 3 day camp with the participants to ensure their safety and any other needs the students will need. There will be another five (5) adult volunteers who will be preparing meals and one of them will act as Camp Liaison to the students and alumni volunteers.

Q: What do I need to bring?

A: For the 3 day camp, you will need to pack for 3 days and 2 nights. You should bring any items you need for overnight accommodations, including toiletries and towel for showering; a sleeping bag or airmatress with sheets and blankets. You should bring clothes for warm Southern California weather and clothes for cold nights. Make sure your clothes and footwear are comfortable and allows you to be active. You should bring sunscreen and a large brim hat. We also recommend you bring a 1/2 gallon water jug and a book bag or small backpack for your supplies including pen and pencil.

Q: Will there be a Firstaid Kit available?

Yes. A first-aid kit is always available. Members are assigned to bring it to the rehearsal field. A number of our instructors are trained in CPR and first aid and a volunteer nurse or physician may be available, as well.

Q: How will sleeping over at the high school work?

A: All of the participants will have a separate section of the school to sleep in. Boys and girls will be separated for privacy. Wake up and lights out will be enforced by Pacific Crest.

Q: Do I need to bring money?

A: The only expense that may occur is for PC merchandise you wish to purchase, or other corps merchandise at the Corps at the Crest San Diego show. Otherwise, everything else will be provided and covered under your registration fee.

**Pacific Crest Youth Arts Organization
Medical Information Form – Drum Major Camp**

Participant	Last Name, First Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Street Address: _____
	City, ST, Zip _____
	Birth Date: _____ Soc Sec # _____ <i>(Required by medical personnel for treatment)</i>

Parent or Guardian	Last Name, First Name: _____
	Street Address: _____
	City, ST, Zip _____
	Home Phone: _____ Mobile or Work: _____

Emergency Contact 1	Last Name, First Name: _____
	Relationship to member: _____
	Home Phone: _____ Mobile or Work: _____

Emergency Contact 2	Last Name, First Name: _____
	Relationship to member: _____
	Home Phone: _____ Mobile or Work: _____

Family Physician	Last Name, First Name: _____
	Street Address: _____
	City, ST, Zip _____
	Phone: _____

Medical Insurance	Do you have health or accident insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Company Name: _____
	Street Address: _____
	City, ST, Zip _____
	Agent's or Group Name: _____
	Member insured under: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Own Policy <input type="checkbox"/> Other _____

Medical Information

Medicine Allergies and Use Check the medications you use or are allergic to:	Taking <input type="checkbox"/>	Allergic <input type="checkbox"/>	aspirin	Taking <input type="checkbox"/>	Allergic <input type="checkbox"/>	demerol
	<input type="checkbox"/>	<input type="checkbox"/>	penicillin	<input type="checkbox"/>	<input type="checkbox"/>	antibiotics
	<input type="checkbox"/>	<input type="checkbox"/>	sulfa	<input type="checkbox"/>	<input type="checkbox"/>	sedatives
	<input type="checkbox"/>	<input type="checkbox"/>	codeine	<input type="checkbox"/>	<input type="checkbox"/>	_____
						(other)
List any food allergies you have, e.g. peanuts _____						

History of Treatments Describe medical attention received during the past two years.	Date	Illness, Symptom, Injury	Treatment
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Pacific Crest Medical Information Form (Continued)

Current Medication

Are you taking prescription medications regularly? Yes No

Medication	Dosage	When Taken	For What?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you taking over-the-counter drugs regularly? Yes No
If yes, please list:

Medical History

Date of last Tetanus shot ___/___/___

Do you wear glasses? Yes No Contacts? Yes No

Do you smoke cigarettes? Yes No

Illnesses you have had or are prone to have.

- | | | |
|---|--|---|
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Measles | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Hives | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Nervous Exhaustion |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Polio | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Asthma |

List any other serious illnesses or operations you've had:

Illnesses or conditions you have had, or prone to have, either *sometimes or frequently*.

Nose and Throat:

- congested nose
- runny nose
- sneezing spells
- head colds
- nose bleeds
- sore throat
- enlarged tonsils
- hoarse throat
- bee sting allergy

Mouth:

- dental problems
- itching or burning
- sore tongue
- taste changes

Skin:

- acne
- itching and bleeding
- bleeds easily
- bruises easily
- sunburns easily

Head and Neck:

- frequent headaches
- neck pains and swelling

Respiratory:

- wheezes
- coughing spells
- coughs up blood
- excessive swelling
- inadequate sweating
- sun "poisoning"

Cardiovascular:

- high blood pressure
- racing heart
- chest pains
- dizzy spells
- shortness of breath
- swollen feet or ankles
- leg cramps

Musculoskeletal:

- aching muscles
- swollen joints

**Pacific Crest Youth Arts Organization
Release and Assumption of Risk
and Consent to Medical Treatment Release Form**

I have signed and delivered this document to you on behalf of the participant named below.

_____ (“Participant”) has my permission to participate in all activities related to the Drum Major Camp arranged by Pacific Crest Youth Arts Organization (“Pacific Crest”) from June 27, 2012, through June 29, 2012.

I am aware that during any of the Pacific Crest activities – including, without limitation, conference sessions, activities, rehearsals – certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities; hazards created by the forces of nature; and hazards of travel by air, train, bus, automobile, and other means, including physical exercise, marching, running, and walking.

I understand and do hereby assume all of the above-mentioned risks and will hold Pacific Crest harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for the Participant by Pacific Crest, or during any travel in private vehicles to and from any Pacific Crest rehearsals or functions. This document shall serve as a release of all claims for personal injury to the Participant and an assumption of risk binding upon my heirs, executor and administrators, and all members of my family.

In an event of Participant’s illness, I do hereby authorize any of the directors, officers, managers, or chaperones of Pacific Crest who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the Participant in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, officers, managers or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed healthcare provider(s).

Signed:

Date

Participant

Date

Parent/Guardian