



2017 REGISTRATION FORM

PARENT/GUARDIAN

First Name

Last Name

Title

Suffix

ADDRESS

Street Address 1

Street Address 2

City

State

Zip Code

E-Mail Address

Phone Number

EMERGENCY CONTACT

Full Name:

Relationship to
student:

Phone:

STUDENT

First Name	Last Name	
Grade (fall 2017)	Date of Birth	Gender
Student e-mail address		
Student phone number		
School		
School Street		
School City		
School State	School Zip Code	
Band Director		
Band Director Email		
School /Band Director Phone		
T-Shirt Size		

WORKSHOP SELECTION

Please select which Drum Major Academy workshop would you like to attend.

Workshop	University of Alabama, Tuscaloosa, AL: Jun. 8 - 12: \$520.00
	University of Arkansas, Fayetteville, AR: Jun. 12 - 16: \$520.00
	Eastern Kentucky University, Richmond, KY: Jun. 13 - 17: \$545.00
	Stetson University, Deland, FL: Jun. 19 - 23: \$545.00
	University of Northern Colorado, Greeley, CO: Jun. 21 - 25: \$520.00
	North Central College: Naperville, IL: Jun. 24 - 28: \$545.00
	Texas Woman's University, Denton, TX: Jul. 5 - 9: \$545.00
	Ohio Wesleyan University, Delaware, OH: Jul. 11 - 15: \$545.00
	University of North Carolina, Charlotte, NC: Jul. 17 - 21: \$520.00
	University of California, Riverside, CA: Jul. 20 - 24: \$520.00
	University of Massachusetts: Amherst, MA: July 29 - Aug 2: \$545.00

***UMASS ONLY:**

please select one:

DRUM MAJOR
BAND LEADERSHIP
COLORGUARD

***UMASS BAND
LEADERSHIP
TRACK ONLY:**

Please select one:

Flute/Piccolo
Clarinet
Bass Clarinet
Alto
Saxophone
Tenor
Saxophone
Baritone
Saxophone
Trumpet
Mellophone
Trombone
Baritone
Tuba
Percussion***

*****Percussion Students:** Registering for this percussion track registers you for the Band Leadership Track of the Drum Major Academy. If you are interested in registering for the Thom Hannum Mobile Percussion Seminar please visit www.percussion.org.

***UMASS
COLORGUARD
TRACK ONLY:**

Please select one:

Beginner Flag
Intermediate/Advanced Flag
Beginner Rifle
Intermediate/Advanced Weapon

ADD TEXT BOOK

\$20.00

ADD FLAG PACKAGE

\$25.00

Waiver and Release

All fields are required.

Please place an "X" in the box next to each "I Agree" statement.

Parent/Guardian must sign and date to be considered complete.

Acknowledgement of Risk:

I voluntarily choose to allow my child to attend the George N. Parks Drum Major Academy® (hereinafter referred to as the Academy) and understand the risks involved. I recognize that my child will be participating in events and activities during the Academy and that participating in these events and activities may involve risks and dangers, both known and unknown, including but not limited to, property damage or loss, minor or severe bodily injury and death. I voluntarily allow my child to participate in the Academy fully aware of the risks involved. I hereby agree to accept any and all inherent risks of property damage or loss, bodily injury or death to my child.

Do you agree?

I Agree

Hold Harmless:

In consideration for allowing my child to participate in the Academy and to the fullest extent permitted by law, I agree to hold harmless the Academy, its respective officers, directors, employees, volunteers and agents from and against all claims arising out of or resulting from my child's participation in the Academy. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, included but not limited to attorney's fees, attributable to bodily injury, sickness, disease, or death or injury to or destruction of tangible property including of use resulting therefrom. In addition I hereby voluntarily hold harmless the Academy, its respective officers, directors, employees, volunteers and agents from any and all claims, both present and future, that may be made by my child, me, my family, estate, heirs or assigns.

Do you agree?

I Agree

Media Release:

I hereby grant the Academy the right to use my child's name, photographic image (in whole or in part), and any reproduction of their sound, performance or appearance while attending the Academy, for any purpose including promotion, advertising or otherwise. I further acknowledge that there were no promises of any compensation for such use by the Academy or by anyone associated with the Academy and that the Academy owns all rights to the media named herein, regardless of the form in which they are produced or used. With the use of these rights, I hereby waive and release the Academy, its respective officers, directors, employees, volunteers and agent from all claims, liabilities and/or damages which now or in the future may arise from such use.

Do you agree?

I Agree

Rule Infractions: I (the parent/guardian) understand that in the event of rule infractions committed by my son/daughter/guardee, my son/daughter/guardee will be sent home at my (the parent/guardian) expense.

Do you agree?

I Agree

I (the parent/guardian) have read, understand and fully agree to the terms of this Waiver and Release. I understand and confirm that by electronically signing this Waiver and Release, I (the parent/guardian) have given up considerable future legal rights. I (the parent/guardian) have electronically signed this agreement freely, voluntarily and under no duress or threat of duress, without inducement, promise or guarantee being communicated to me (the parent/guardian) or my child. My (the parent/guardian) signature is proof of my (the parent/guardian) intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Signature:

Date:

Parental Acknowledgment and Consent Form for Hospital & Medical Procedures for Minors

Parental consent is needed for medical treatment and procedures as deemed necessary in case of emergency. It is essential for the Academy to have your child's current health information, in order to be able to ensure the safety and well-being of students during their time at camp. Please read the form carefully and fill it in completely. Ask about anything you do not understand prior to arriving at the workshop.

Allergies and Dietary Restrictions

Does the student have any allergies?

Yes

No

IF YES, Allergy type, Allergic to, Allergic reaction details, date, and description:

Does the student require an EpiPen?

Yes

No

If YES, please provide details about your child's anaphylaxis, including the date and description of the reaction (*If your child requires an EpiPen or equivalent, please provide a non-expired EpiPen or equivalent for your child to carry with them.*):

Dietary Allergies and Restrictions

Yes

No

IF YES, Please explain (*The Academy can only accommodate medical dietary allergies and restrictions and not dietary preferences. If you do have any medical dietary restrictions or allergies, please contact the Academy Office at 781-874-9728 or info@drummajor.org so that we prepare in advance of your arrival.*):

Medications and Treatments

Will the student be taking any medications while at the Academy? (*Medicine must be brought to camp in its original packaging.*)

Yes

No

If YES, Please list medication, dose, time taken and reason for medication.

Does the student regularly take any medications that will not be taken at the Academy?

Yes

No

If YES, Please explain.

May the following over-the-counter medications be given to the student while at the Academy?

Please place and "X" next to the medication we are permitted to give the student.

Acetaminophen (Tylenol)

Antacids

Anti- Diarrheal (Imodium)

Antihistamines (Benadryl, Diphenhydramine)

ASA (Aspirin)

Calamine Lotion

Cough Drops

Hydrocortisone Cream (Cortaid)

Ibuprofen (Advil)

Pepto-Bismol

Sting Swabs

Sunburn Spray (Solarcaine)/Aloe Vera

Sunscreen

Triple Antibiotic Cream or Ointment

Is there anything the Academy needs to be aware of when giving any of the approved over-the-counter medications to the Student? (*If any over-the-counter medications are sent to the Academy with the Student, they must be in the original package.*)

Immunizations: The vaccines themselves are NOT mandatory. Answering the questions below regarding the vaccines is mandatory.

Please list the date of your child's **most recent vaccination or booster**, if any, for the following:

TB:

Chicken Pox (Varicella):

Diphtheria, Pertussis, Tetanus, Polio:

Haemophilus Influenza B:

Hep A:

Hep B:

HPV:

IPV/OPV:

MMR:

PCV (Pneumococcal):

Meningococcal Meningitis (MCV4)

Other:

Has your child had a TB Mantoux Test?

Yes

No

If yes, please list the date of most recent TB Mantoux Test, and What was the result of your child's most recent TB Mantoux Test?

Health History

Please place an "X" next to any condition the student has experienced, or is currently experiencing.

ADD/ADHD	AIDS/ARC	Asthma/Inhaler
Back Pain or Injury	Blackouts/Fainting	Bleeding disorder
Cancer	Chest pain	Crohn's
Colitis	Concussion	Constipation/Diarrhea
Convulsions	Dental Braces, Caps, or Bridges	Depression
Diabetes	Epilepsy	Hay Fever
Headaches	Hearing Problems	Heart Disease
Hernia	High Blood Pressure	Kidney Disease
Menstrual Difficulties	Mental Health Issues	Neck Pain or Injury
Pneumonia	Problems Breathing or Coughing	Respiratory Ailments
Seizures	Sinus Infections	Stomach Aches
Tonsillitis	Ulcer	Urinary Tract Infection
Uses eye glasses or contacts	Visual Problems	Other

Please fully explain any conditions marked with an "X" above.

Has the student had any surgical procedures?

Yes

No

If YES, Please explain the surgical procedure(s), including date(s).

Has the student ever been hospitalized or had a serious injury?

Yes

No

If YES, Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred

Has the student been exposed to any communicable diseases within the last 3 months?

Yes

No

If YES, Please explain what disease(s) the student has been exposed to, and when the exposure occurred.

Please list any other medical information the Academy should have about the student.

Health Insurance and Doctor Information

Family Doctor:

Family Doctor Phone:

Health Insurance Policy Holder Information

Full Name of Policy Holder:

Policy Holder Phone Number:

Employer Name (if insured through company):

Insurance Company / Plan Name:

Insurance Company Phone Number:

Health Insurance Policy Number:

Insurance Group Name or Number:

Medical Waiver:

I (the parent/guardian) indicate this health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me.

I (the parent/guardian) give permission to the Drum Major Academy® staff to act on my behalf according to their best judgment in any emergency requiring medical attention or in any routine medical care of an accident/injury/illness.

I (the parent/guardian) consent to allow a representative of the Drum Major Academy® to transport my child to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat my child if admitted by a valid representative of the organization.

I (the parent/guardian) give permission that in my absence; the medical staff on-site and/or at any medical facility, may hospitalize, secure proper treatment for, and order medications, injections, anesthesia or surgery for my child if the need arises.

Also, I (the parent/guardian) indicate that I understand and acknowledge that the Drum Major Academy® will not assume legal responsibility for payment of medical, dental or hospital services for any student while in attendance. This responsibility of medical, dental, or other health care needs remains my (the parent/guardian) responsibility.

Print Parent/Guardian Name:

By signing below, you confirm that you have read the medical waiver, that you understand it, and that you agree to be bound by it.

Parent/ Guardian Signature:

FINANCIAL

A \$100 non-refundable deposit is required with all registrations.

If you are paying with a check/money order or school purchase order, the check/money order or school purchase order must accompany this registration form or your registration will not be submitted.

Once the deposit has been paid, you may pay any amount toward your registration at any time so long as the balance is paid in full no later than the day before your Academy's scheduled check-in date.

Student tuition(s) must be paid in full prior to student's arrival at the Academy. No tuition payments will be accepted at check-in.

Check/Money Order/Purchase Order:

Please Mail Checks, Money Orders and Purchase Orders along with this registration to the address below.

***Please note: this is a new office/mailing address for the Drum Major Academy. Please update your records accordingly.**

**George N. Parks Drum Major Academy
Attn: Registration
15 Prouty Lane
Worcester, MA 01602**

Academy Fee (see above) \$ _____

The Dynamic Drum Major Text (\$20.00) \$ + _____

Flag Package (Flag Students Only (\$25.00) \$ + _____

SubTotal \$ = _____

Amount Enclosed \$ - _____

A minimum \$100.00 non-refundable deposit is required.

Balance Due \$ = _____

Please Select A Payment Method:

Visa

MasterCard

American Express

Check/Money Order

School Purchase Order

If Paying with a Credit Card:

Name on Card _____

Card Number _____

Exp. Date _____ 3 or 4 digit CCV Security Code _____

Billing Address: _____

City _____

State _____ Zip _____

Signature of Card Holder:

If Paying with a Check, Money Order or School Purchase Order:

****Returned checks will be subject to a \$50.00 NSF fee.**

Name on Check, Money Order or Purchase Order: _____

Check, Money Order or Purchase Order Number: _____

Check, Money Order or Purchase Order Address:

City _____

State _____ Zip _____

*Please make checks payable to George N. Parks Drum Major Academy

All pages of this form must be received by our office before a student will be registered with the Academy.

If you have any questions at all, please contact us at **info@drummajor.org** or **781-874-9728**.

We look forward to seeing you this summer!