



Jefferson College 2018 Viking Band Camp Application

For Ofc Use Only
ID# _____
Check# _____

(Please Print)

Student's Name: _____ Male Female

Home Address: _____

City/State/Zip: _____

Parent(s)/Guardian(s): _____

Primary Phone: _____ (Urgent Contact) Secondary Phone: _____

Email Address (required): _____

Student's Age: _____ Date of Birth: _____ Grade: _____

Primary Instrument (to be played at camp): _____

Instrument Make: _____ Model: _____ Serial Number: _____

School: _____ Band Director: _____

For roommate preference, please provide **one** individual's name: _____

You will be assigned the roommate that *you* indicate above, so it is not necessary to call and double-check. **In order to assure you of your roommate selection, both students must indicate each other as their selection.** However, should your roommate preference change prior to the start of camp, please notify us at that time. Please list only **ONE** preference.

<input type="checkbox"/> Band Camp ~ June 25-29, 2018 (Week 1)	<input type="checkbox"/> Band Camp ~ July 8-12, 2018 (Week 2)
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_____ **ON-CAMPUS:** (\$280) - Includes 4 nights in Viking Woods Residential Complex, **all meals**, evening activities, and everything in the Commuter option.

_____ **COMMUTER:** (\$170) - Includes master class, high quality instruction, music classes, first night dinner daily lunch, evening activities, t-shirt, concert, group photo (available on website)

T-shirt Size (check one): <input type="checkbox"/> ch M <input type="checkbox"/> ch L <input type="checkbox"/> Ad S <input type="checkbox"/> Ad M <input type="checkbox"/> Ad L <input type="checkbox"/> Ad XL <input type="checkbox"/> Ad XXL

_____ **I wish to participate in jazz band (2 or more years of band required).** Jazz Instrument _____

TO APPLY: Carefully complete this application and return it to your music director with a check made payable to **Jefferson College Music Camps** in the amount of \$280 for the On-Campus option, or \$170 for the Commuter Option. Your director will then complete the recommendation below and either return to you or forward your application to us.

*****FOR YOUR DIRECTOR TO COMPLETE*****

This student is in the _____ grade this school year (2017-2018) and has had _____ year(s) experience. As compared with my other students at or near the same age and experience level, I would evaluate this student as:

_____ Exceptional _____ Above average _____ Average _____ Below average
(Students with one year or less are required to be in beginning level band.)

I would recommend this student for participation in _____ Beginning Band _____ Junior High/Middle School Band

Director Signature: _____ Date: _____

PLEASE make every attempt possible to have your application and enrollment check for \$280 or \$170 (**made payable to Jefferson College Music Camps**) mailed in **EARLY, together** so that you will receive all detailed instructions at least ONE WEEK prior to the start of the camp you are attending. Deadline is June 15. We have limited dorm rooms each week.

REFUND INFORMATION:

It is possible to withdraw your application and receive a refund if the request is made at least 21 days prior to the first day of the camp for which you are enrolled. After the 5-day deadline, only 50% of the enrollment fee will be refunded. Once the camp has started, no money will be refunded for any portion of that week. When requesting a refund, please do so in writing. A \$10 clerical fee is deducted from all refunds and is done *during* processing.

REQUIRED PERMISSION FOR MEDICAL TREATMENT:

I/We, _____ as parent(s)/guardian(s) of _____ give permission to any physician, medical doctor, nurse, or other medical personnel for treatment of injury or illness at the request of any member of the Jefferson College Band Camp staff or other Jefferson College employee during participation in Band Camp. Please check for administration of over-the-counter medications, such as Tylenol, Tums, etc.

Signature: _____ Date: _____

Medical Insurance Company _____ Policy #: _____

Name and phone number of family physician: _____

List any particular medical problems, allergies, regular medications, dosages: _____

PHOTO/MEDIA RELEASE: I will allow photo/media of my child during camp session activities to be used by Jefferson College for the purpose of supporting and promoting the camp. This includes camp group pictures.

Yes _____ No _____ Signature: _____

REGULATIONS FOR STUDENTS: From arrival on campus until the time parents pick you up, you will be under the supervision and guidance of the Band Camp staff. All students are required to attend scheduled activities and rehearsals, and will be subject to discipline for acts committed on College property. Disruptive behavior will not be tolerated and could result in dismissal from camp. Students are not allowed to drive or ride in any motor vehicle while attending camp. Students are not allowed to leave the Jefferson College campus for any reason other than planned chaperoned activities with the staff or parents/guardians. Jefferson College accepts no responsibility for student behavior in keeping with College policy, students are not to possess or consume alcohol, tobacco, or any controlled substances. No type of weapons, toy or otherwise, are allowed, and anything of this type will be confiscated and turned over to campus police.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Mail Application and Check to

Jefferson College Music Camps
attn: Joe Pappas, Camp Director
1000 Viking Drive
Hillsboro, MO 63050
(636) 481-3331 or 797-3000, ext.3331
jpappas@jeffco.edu
www.jeffco.edu

