



TEXAS TECH MARIACHI CAMP

June 11 – 15, 2018

2018 Camp Application

Registration confirmation and all other camp communication will ONLY be sent via the emails provided below.

For office use only:

Order ID # _____
Date Recvd: ____ / ____ / ____
Pmt Type: _____
Amount \$ _____
Notes: _____
Input: _____ Health Form: ☐

about the camper...

First Name _____ Last _____

Nickname (for Nametag) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Email: _____

Student Cell Phone: _____

Date of Birth ____ / ____ / ____ Gender _____

Tee Shirt is INCLUDED in tuition. ☐ S ☐ M ☐ L ☐ XL ☐ 2X

School in Spring '18: _____

School in Fall '18: _____ Grade (Fall '18): _____

Instrument: _____ # Years Playing Experience: _____

Do you read music? ☐ YES ☐ NO

Mariachi Experience ☐ YES ☐ NO *If yes, please answer the following*

Name of Group: _____ Director: _____ #Years _____

Do you have singing experience? ☐ YES ☐ NO *If yes, please answer the following*

Experience: _____

about the camper's parent/guardian... (please list primary contact first)

PARENT/GUARDIAN 1: (primary contact)

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Place of Business _____

Work Phone _____ ext. _____

PARENT/GUARDIAN 2:

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Place of Business _____

Work Phone _____ ext. _____

In case of emergency and parent or guardian is unavailable, contact:

Name _____ Relationship to Camper _____

Day Phone _____ Evening Phone _____ Cell phone _____

housing...

☐ OFF – Campus If **NOT** staying with parent/guardian, provide the following information of the adult responsible for student during camp

Name _____ Relationship to Camper _____ Contact Phone _____

☐ ON – Campus Roommate Preference _____

If your preference is not available, do you wish to be placed with someone from your school (if possible)? ☐ YES ☐ NO

LAST NAME, FIRST NAME _____

payment information...

PAYMENT AMOUNT

- ☐ Deposit Only (Balance due by June 1th) \$ _____
- ☐ Full Amount \$ _____

PRE-PURCHASE OPTIONS

- ☐ Parking Sticker: \$10.00
- ☐ Lubbock Airport Shuttle (one way) \$15.00

TOTAL (amount enclosed or authorized payment) \$ _____

Mailing Address:

TTU Mariachi Camp
Box 42033
Lubbock, TX 79409

Physical Address:

18th Street & Boston Ave
Music Building, Room 112
Lubbock, TX 79409

Be sure to check the following before mailing.

- ☐ Completed Health Form ☐ Appropriate fees enclosed or credit card info listed ☐ Copy of health insurance card enclosed ☐ Parent & Student signatures

Optional Section - For Research Purposes Only

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ YES ☐ NO

If No, Please select the racial category or categories with which you most closely identify. Check as many as apply.

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Does anyone else in your family play mariachi music? ☐ NO ☐ YES - please explain: _____

Does your school offer mariachi instructions? ☐ NO ☐ YES – What type? ☐ Formal Class ☐ Extra-Curricular Group ☐ Informal Student-led

Have you ever participated in a mariachi competition? ☐ NO ☐ YES - Which one(s): _____

Have you ever participated in a mariachi festival? ☐ NO ☐ YES - Which one(s): _____

What fields of study are you interested in pursuing in college? _____

Please indicate the highest level of your parents' or legal guardians' education background:

Father: ☐ Some high School ☐ High School diploma/GED ☐ Some College ☐ Associates Degree ☐ Bachelor's/4 Year Degree ☐ Graduate/Professional Degree ☐ Unknown

Mother: ☐ Some high School ☐ High School diploma/GED ☐ Some College ☐ Associates Degree ☐ Bachelor's/4 Year Degree ☐ Graduate/Professional Degree ☐ Unknown

OFF-Campus

\$100 deposit due w/app.
\$150 balance due by 6/4
\$250 Total Off-Campus

ON-Campus

\$100 deposit due w/app.
\$350 balance due by 6/4
\$450 Total On-Campus

Enrollment Deadline: May 25, 2018 & Payment Deadline: June 4, 2018

PAYMENT METHOD

- ☐ Personal Check - Payable to Texas Tech BOC (include DL#)
- ☐ Cashier's Check/Money Order (please include DL#)
- ☐ Credit Card: (Circle) Discover MasterCard Visa AmEx
- Name on Card _____
- Billing Address _____
- Billing City: _____ State: _____ Zip: _____
- Card Number: _____
- Exp. Date (mm/yy) _____ V-Code _____



MARIACHI CAMP 2018 Health Form & Camp Agreement

For Office Use Only	Complete: <input type="checkbox"/>
Order ID #:	_____
Date Rcvd:	_____

Application *cannot* be processed until this form is completed in its entirety by parent/legal guardian, signed, and returned.

If necessary, update this information with nurses on registration day. Form Deadline: June 5, 2018

Student Name (Last, First) _____ Nickname on nametag (if different) _____ Gender: _____

Name of Insured (Financially responsible party with authority to make medical decisions): _____

Relationship to student: _____ Contact Phone: _____

Please copy both sides of your insurance card and enclose OR Fill in the following

Provider (if none, state "Not Applicable"): _____ Group # _____ Policy # _____

Family Doctor: _____	_____	_____	_____
Name	City	State	Telephone

Please continue on the back if necessary Date of last Tetanus _____ PREEXISTING CONDITIONS: _____

MEDICATIONS: _____

Allergies to food or medication: _____

* Campers requiring emergency treatment will be taken to the University Medical Center emergency room unless otherwise specified. Every effort will be made to contact a parent/legal guardian prior to seeking medical attention; however, the registered nurse will make the decision to proceed based on the safety and welfare of the camper. Parents are responsible for all medical expenses. Please provide the most current insurance information.

* The camp clinic will have a limited supply of over-the-counter medications for aches/pains, upset stomach, allergies, etc. Campers **MAY NOT** self-administer medications for the following: **antidepressants, any controlled substance (including prescription pain medication), and medication for ADD/ADHD**. These must be administered through the camp clinic. ALL medications should be properly labeled and in the original container. Please be sure that the student is aware of the proper use of all medications and medical equipment brought to camp. The Camp is not liable for their loss.

_____ My son/daughter will self-administer his/her medication while at camp. I understand that these medications may not include any medications for the above-named drug categories.

_____ My son/daughter will be taking medication that requires the camp nurse keep and administer the medication. (Please provide detailed instructions.)

In case of accident or sudden illness/injury to the above-named child and in the event that I cannot be reached by phone, I hereby authorize a representative of Texas Tech Mariachi Camp to seek medical treatment for my child. I hold the Texas Tech Mariachi Camp, its employees, and Texas Tech University harmless from all liability resulting from any accidents or illness to my child. I verify that all information on this form is complete and accurate. I have read and understand all information contained herein.

agreement... We understand the following

- All information contained herein is complete & accurate
- Campers will abide by all camp rules.
- All fees are due by June 5
- No refunds will be made after June 8 except for medical withdrawals which require a doctor's statement and will only be eligible for tuition refund
- \$50 processing fee for all refunds
- Use or possession of alcohol, any illegal substance, firearms, or other weapons will constitute immediate dismissal from the camp with no refund and appropriate police action will be initiated.

Parent/Legal Guardian Signature

Student Signature

Authorized Signature of Parent/Legal Guardian

Date