



2019 Camp Application

Camp Dates: July 7 - 13, 2019

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

This space for office use only: OrderID _____

Date Recvd: ____ / ____ / ____

Pmt Type: _____ Amount \$ _____

Input: _____ Health Form Received:

about the camper...

First Name _____ Last _____

Nickname (for Nametag) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Email: _____

Home Phone: _____ Student Cell Phone: _____

Date of Birth ____ / ____ / ____ Gender _____

Tee Shirt Size. (Circle Size) S M L XL 2X 3X

Instrument: _____ # Years Playing Experience: _____

OR Drum Major (All Day) Twirling (All Day)

School in Spring '19: _____

School in Fall '19: _____ Grade (Fall '19): _____

Were you an All-State Member in 2018/2019: YES NO

How were you referred to TTU Band/Orchestra Camp:

Returning Camper Poster/Ad Website Instructor

Instructor Name and Email: _____

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: _____

Work Phone _____ ext. _____

Place of Business _____

Cell Phone: _____

PARENT/GUARDIAN 2:

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Work Phone _____ ext. _____

Place of Business _____

Cell Phone: _____

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 _____ Telephone _____

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

electives . . .

Students will be sign up for electives at camp once the audition results are posted. For a list of electives and descriptions, please visit our website at www.ttuboc.com.

payment information...

PAYMENT AMOUNT

- Deposit Only (Balance due by June 7th) \$ _____
- Full Amount \$ _____

PRE-PURCHASE OPTIONS

- CD of Final Performance - Primary Group \$10.00
- Parking Sticker: \$10.00
- Instrument Storage \$10.00
- Instrument Rental - Tuba or String Bass only \$25.00
(Storage included in rental)
- Reed Making Class Supply Fee \$15.00
- *Lubbock Airport Shuttle (one way) \$15.00
- *Charter bus TO camp \$65.00
(D/FW or San Antonio areas only)
- *Extended Stay - Saturday 7/6 or Saturday 7/13 \$25.00

TOTAL (amount enclosed or authorized payment) \$ _____

*These items require an additional form found on our website, www.ttuboc.com

Mailing Address:

Physical Address:

TTU Band/Orchestra Camp
Box 42033
Lubbock, TX 79409

2624 18th Street
Music Building, Room 112
Lubbock, TX 79409

- All fees are due by June 7
- No refunds will be made after June 7 except for medical withdrawals which require a doctor's statement and will only be eligible for tuition refund of \$315

Be sure to check the following before mailing.

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

OFF-Campus
\$100 deposit due w/app.
\$215 balance due by 6/7
\$315 Total Off-Campus

ON-Campus
\$100 deposit due w/app.
\$585 balance due by 6/7
\$685 Total On-Campus

Enrollment & Payment Deadline: June 7, 2019

PAYMENT METHOD

- Personal Check - Payable to Texas Tech BOC (include DL#)
- Cashier's Check/Money Order (please include DL#)
- Credit Card:

Have the camp office call me to take my credit card payment.

Contact Name: _____

Contact phone: _____

Best time of day to reach me at this number: _____

Notify me when my application has been received so that I may call the camp office to make a payment.

Name: _____

Email: _____

Phone: _____

2019 Health Form & Camp Agreement

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

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 7, 2019

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
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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 Band and Orchestra Camp to seek medical treatment for my child. I hold the Texas Tech Band and Orchestra 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 7
- No refunds will be made after June 7 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 _____