



# Student Registration - Residential

Illinois State University, Normal, IL • Monday, June 21, 1 p.m. – Saturday, June 26, 3 p.m.  
 Leadership Weekend Experience: Saturday, June 19, 10 a.m. – Monday, June 21, 9 a.m.



## 2010 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by May 21, 2010 to register without a late fee. Photocopy completed application for your records.

### Student Information-Please print.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Secondary E-mail address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Area Code/Home Phone \_\_\_\_\_ Area Code/Cell Phone \_\_\_\_\_  
 MFA may send text message updates of camp schedule and alerts to my cell phone listed above on this form. Standard text messaging rates may apply.  
**Student is:**  Male  Female Birthdate \_\_\_\_\_

### School Information

School Name \_\_\_\_\_  
 School Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Band or Orchestra Director (Is this director the primary Director at the school listed above?)  Yes  No  
 Band or Orchestra Director E-mail address \_\_\_\_\_  
 School Phone w/Area Code \_\_\_\_\_  
**Year of H.S. graduation:**  10  11  12  13  14  
 T-Shirt Size (Adult Men's Sizes):  S  M  L  XL  XXL

### Camp Schedule Highlights—Please note start and end times and make travel plans accordingly.

Registration, Leadership Weekend.....	8 a.m., Saturday, June 19, 2010
Registration, Full Week.....	8 a.m., Monday, June 21, 2010
Placement hearings.....	8 a.m., Monday, June 21, 2010 <i>(Concert, Jazz, Percussion, Color Guard, Orchestra Only; No hearings in other areas.)</i>
Opening Session.....	1 p.m., Monday, June 21, 2010
Camp Ends.....	3 p.m., Saturday, June 26, 2010

Full Week Fees include housing Monday night, 6/21 through Friday night, 6/25. Leadership housing includes Saturday and Sunday night (6/19 & 6/20). Full Week meals begin with dinner Monday and end with lunch Saturday (6/26). Leadership meals begin with lunch Saturday (6/19) and end with Monday lunch. Supervision is provided beginning at 6 p.m., Sunday, June 20 for full week, and 6 p.m., Friday, June 18 for Leadership Weekend.

### Late/Change Fees and Cancellation Policy

- **ALL cancellations: Before June 1**—Music for All will retain \$300 as a non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will retain 100% of registration fee, no refunds.
- **\$65 Late Registration Fee applies:** If an applicant registers or pays after May 21.
- **\$40 Change Fee applies after May 21:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

- **Lost, Stolen or Damaged Items:** ISU imposes a penalty for lost/stolen items needing replacement including room keys, meal wrist bands and damage to ISU property. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.
- **NOTE FOR DIRECTORS:** You can **reserve spots for applicants "To Be Announced"** in advance. **HOWEVER you must provide names for the TBA spots by May 21, 2010**, or a \$40 change fee per application will apply.

### Payment Method - Payment MUST accompany application.

Check is enclosed. **Make checks payable to Music for All.**  
 Charge Visa/Mastercard/Discover/American Express # \_\_\_\_\_ Exp \_\_\_\_\_  
 Signature \_\_\_\_\_ Print name of cardholder \_\_\_\_\_

### Payment Options - Payment MUST accompany application.

**Choose one:**

**Early Bird Fee**—Full payment postmarked on or before **March 31, 2010**. ..... \$539 = \$ \_\_\_\_\_  
 **Early Bird Fee Installment Plan**—Requires payment by credit card. (\$539 + \$21 installment fee) ..... \$560 = \$ \_\_\_\_\_  
 I authorize MFA to charge the credit card number shown above for three payments on the following dates:  
 \$187 charge upon receipt of application form due no later than **March 31, 2010 (Fee includes \$7 installment fee per payment.)**  
 \$187 charge on **April 30, 2010**  
 \$186 charge on **May 21, 2010**

**Full Fee**—Postmarked on or before **May 21, 2010** ..... \$619 = \$ \_\_\_\_\_  
 **Leadership Preview Weekend ONLY** (June 19-21) For those **NOT** enrolled in Full Symposium Week ..... \$389 = \$ \_\_\_\_\_

### Additions: (Must be Added to Full Week)

**Early Bird Student Leadership Weekend Experience** (June 19-21) Payment due on or before March 31, 2010 ..... \$239 = \$ \_\_\_\_\_  
 **Student Leadership Weekend Experience** (June 19-21) Full Payment due on or before May 21, 2010 ..... \$259 = \$ \_\_\_\_\_  
 **Additional Nights Housing** (For registered participants only, for travel purposes, select all needed)  
 Friday, June 18, 2010 (Available to leadership student participants only, **no charge if reserved by May 21**) ..... \$25 = \$ \_\_\_\_\_  
 Sunday, June 20, 2010 (Sunday night housing is included in the Leadership Fee for Leadership Weekend students) others: ..... \$25 = \$ \_\_\_\_\_  
 Saturday, June 26, 2010 ..... \$25 = \$ \_\_\_\_\_  
 **Add: Late Registration Fee** (for registrations or payments after May 21, 2010) ..... \$65 = \$ \_\_\_\_\_  
**TOTAL = \$ \_\_\_\_\_**

Continued on Back—Registration is not complete without both sides.

Date Entri

ID #

Amt \$

CC/Check #

Date

Convention - MW

## Music for All 2010 Summer Symposium Student Registration

Parent/Guardian Information (in case of emergency)				MEDICAL HISTORY:		
Parent/Guardian	First	Last	Relationship	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Chicken Pox
Home Address	City, State		Zip	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Measles
Home Phone (Area Code)	Work or Cell Phone (Area Code)			<input type="checkbox"/> Heart defect/murmur	<input type="checkbox"/> Surgery (past 2 years)	<input type="checkbox"/> Mumps
Parent Email address (can include more than one)				Last Tetanus/Diphtheria immunization date _____ MM / DD / YYYY		
Second Parent/Guardian	First	Last	Relationship	Brief descriptions and dates of items checked _____		
Home Address	City, State		Zip	Medications – type, dose, and frequency (list) _____		
Home Phone (Area Code)	Work or Cell Phone (Area Code)			Allergies – include allergies to medications, foods, sting, other substances (list) _____		
If above not available, in an emergency, contact:				Physical, medical or other restrictions that would limit camp activities _____		
Emergency Contact	First	Last	Relationship	<b>INSURANCE CARRIER</b>		
Home Address	City, State		Zip	Policy # _____ Group/Plan # _____		
Home Phone (Area Code)	Work or Cell Phone (Area Code)			Family Physician _____ Physician Phone (Area Code) _____		
<input type="checkbox"/> <b>COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED</b> <input type="checkbox"/> <b>NO INSURANCE. (Students ARE able to attend camp without insurance.)</b>						

### Roommate Preference

Roommate preferences can only be considered if **BOTH** people request each other with their initial application. Roommate requests are not guaranteed. Maximum **TWO** people per room. Room and roommate assignments will not be available until camp registration. Adults and students cannot be roomed together. You cannot request roommate "To Be Announced." You and your requested roommate must have the same housing dates in order to be considered.

Roommate Preference Full Name \_\_\_\_\_

School, State \_\_\_\_\_

### Area of Study: Select Only One

**Leadership Preview Weekend Only**

**George N. Parks Drum Major Academy**

#### Color Guard

- Flag  
 Rifle  
 Sabre

(Choose only ONE)

#### Orchestra

- Violin  
 Viola  
 Cello  
 Double Bass

#### \* Mac User

Check here if you are a Mac computer user. We will then send a USB microphone adapter with your SmartMusic® installation disk. (If applicable)

#### Concert Band\*

- Flute  
 Oboe  
 Bassoon  
 Clarinet  
 Bass clarinet  
 Alto saxophone  
 Tenor saxophone  
 Baritone saxophone  
 Trumpet  
 French Horn  
 Trombone  
 Bass Trombone  
 Euphonium  
 Tuba

#### Jazz Band\*

- Alto saxophone  
 Tenor saxophone  
 Baritone saxophone  
 Trumpet  
 Trombone  
 Bass Trombone  
 Piano/keyboard  
 Guitar  
 Acoustic Bass/Bass guitar  
 Drum Set - Two students are assigned to each jazz band by audition. Remaining drumset students are assigned to developmental classes.

#### Marching Band

- Piccolo  
 Flute  
 Clarinet  
 Alto saxophone  
 Tenor saxophone  
 Baritone saxophone  
 Trumpet  
 Mellophone/F. Horn  
 Baritone/Euphonium  
 Trombone  
 Tuba/sousaphone

#### National Percussion Symposium

- Percussion Ensemble  
*Includes Concert and "Pit" percussion.*  
 Marching Percussion  
*My instrument is:*  
 Snare  
 Multi-Toms  
 Bass Drum  
 Cymbals

*Marching Percussion is **NOT** part of the Marching Band Track. Drum set students, see Jazz Band area*

### Parental Consent Form/Responsibility Clause – Please Read Carefully and Fill Out Completely.

I hereby give permission for \_\_\_\_\_ to participate in the 2010 Music for All Summer Symposium listed on the front of this application. I understand that Music for All, Inc., Bands of America, Orchestra America and their respective officers, directors, agents (including Illinois State University, Community Unit School District No. 5, McLean and Woodford Counties, Illinois, National Easter Seals, Easter Seals Peoria-Bloomington, Jazz Education Network, Barrage and their respective directors, officers, employees and agents) and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event (the "Sponsored Event").

Also, in case of emergency, **I hereby give my consent for a qualified physician to perform any medical or surgical procedures** s/he deems necessary to the welfare of this applicant while participating in the Sponsored Event. I hereby give permission to the Music for All and Bands of America nursing staff to observe students self-administering prescription medication and non-prescription medication during the sponsored event. It is understood that Music for All and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions, but in the event I or they cannot be reached for an emergency, I hereby give permission to the physician selected by Music for All to secure and administer such treatment(s) as may be necessary, including hospitalization, for my child as named above and while attending the Sponsored Event. I also authorize Music for All and its agents to release copies of my son/daughter's medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of a medical claim. A photocopy of is as valid as the original.

Further, this authorization permits said physician and medical professionals to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed. **Music for All requires participants to have a physical examination performed within the preceding 36 months of the camp by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility.** In certain cases, Music for All may request/require written evidence of physical exam.

We hereby irrevocably grant to Music for All, Inc, Bands of America, Orchestra America and their respective agents, licensees and assigns, **the right to use in any and all media** and in any and all forms this applicant's name, likeness, photographic prints and any reproduction of their sounds, performance or appearance while attending the Sponsored Event, for any purpose including promotion, advertising or otherwise. I understand I will not be paid any royalty or other compensation. With the use of the rights, we hereby waive and release Music for All, Inc., Bands of America, Orchestra America and their respective agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

We acknowledge that the minor/applicant is **responsible for the safety and security of his or her musical instruments, equipment and personal belongings** and for loss or damage arising from mischievous acts, vandalism, theft or other causes. We the undersigned understand that the Sponsored Events are a smoke free and drug-free environment and that consumption of alcohol or unlawful drugs or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior of the minor should arise and in the judgment of the Music for All officials the minor should be sent home before the end of the Sponsored Events, we authorize Music for All to take such action. **I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form and the foregoing statements and policies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to Student \_\_\_\_\_

Signature of Health Insurance policyholder \_\_\_\_\_