Waldorf College Marching Percussion Camp

June 20 – June 23, 2012

chris.ward@waldorf.edu

(641) 585-8177

Basic Information

Student Name: _____ Male _____ Female_____

Address: _____City: _____ State:_____ Zip: _____

Home Telephone: _____Email Address: _____

Age: _____ Birthdate: _____Grade Entering in Fall 2012:_____

School: _____ City:_____

Parents Names:_____

Parent's Address: _____ City: _____ State:_____ Zip: _____

(if different from student)

Camp Information

Camps Attending: Marching Percussion Camp _____ Percussion 101 for the Non-Percussionist_____

Please number the following list of instruments in order of your preference:

Snare _____

Tenor _____

Bass _____

T-Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

Student staying on campus: Yes _____ No _____

If not staying on campus, where will the student be staying:

Address: _____ City: _____ State:_____ Zip: _____

Phone: _____ Cell Phone: _____ Student will get to campus with:_____

My son/daughter needs to be absent from camp during the day and off-campus on the following dates/times:

_____

_____

Camp Fee: $225 ($200 if not staying on campus, which does not include meals)

Make checks payable to Waldorf College. Mail to:

Waldorf College

Summer Music Camps-Monica Scarano

106 South Sixth Street

Forest City, Iowa 50436

Waldorf COLLEGE

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Medical Release

My son/daughter _____ has permission to participate in the Waldorf College Marching Percussion Camp to be held on the Waldorf College campus from June 20 – June 23, 2012.

If a serious illness or accident should occur, every effort will be made to contact parents or guardians. However, in the event that a delay in medical or surgical treatment may be detrimental to the health of a student, authorization for consultations and treatment by an area physician is requested. The college assures that medical information will be regarded as confidential and shared only as necessary. Permission is hereby granted for routine medical treatment, dental treatment, surgery, emergency services, and release of insurance information to medical services. The parent/guardian will be responsible.

Prescription medication and dosage student will be taking while on campus:

Does the student: Take medication by his/herself_____ Require adult supervision _____

Is the student allergic to any medicines or foods? Please list below:

_____

_____

_____

Please provide your health insurance information in case of emergency.

Health Insurance Company: _____

Policy Number: _____

Telephone Number of Insurance Company: _____

Parent Home Phone: _____Parent Cell Phone: _____

Swimming Permission Slip

My son/daughter _____ has permission to swim at the YMCA pool during Marching Percussion Camp, June 20 – June 23, 2012.

Signature

_____ _____

Signature Date

Mail to:

Waldorf College

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