

Mansfield University of Pennsylvania / Yamaha
Robert M. Sides Family Music Centers
Presents the "Sounds of Summer" Marching Percussion Camp
Friday and Saturday, May 18th and May 19th

IMPORTANT INFORMATION: Camps runs 9:00 to 5:00 pm. Registration opens at 8:00 am on Day 1, Meeting place is in the Butler Music Center. Camp Participants are encouraged to bring their own instruments and equipment

Make Sure your name or your school's name is clearly marked on all equipment! Family and friends are invited to the Final Exhibition at 4:00 on Day 2.

**For more camp details or information please contact:
Denise Lang, Camp Coordinator at (800) 326-9450 or dlang@rmsides.com*

------(cut here/please copy form as needed)-----

REGISTRATION FORM

NAME _____ SCHOOL _____

ADDRESS _____ BAND DIRECTOR _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

HOME/CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS: _____

HIGH SCHOOL GRADUATION DATE (circle one) 2012, 2013, 2014, 2015, 2016 ____ (other)

SHIRT SIZE (circle one): L or XL only Workshop Fee (\$45) _____

Please mail these forms along with a check payable to "Robert M. Sides Family Music Centers" to:
Robert M. Sides Music c/o Denise Lang, 201 Mulberry Street, Williamsport, PA 17701

Check Off list

- ___ Registration form
- ___ Informed Consent Release
- ___ Health Record
- ___ Model Release Form
- ___ School Rules and Policies

Signature of Parent _____ Date _____

INFORMED CONSENT RELEASE
AND
EXPRESS ASSUMPTION OF THE RISK

I, _____, Parent or Guardian of
(Name of Parent or Guardian)
_____ desire for _____ to
(Name of Child) (Name of Child)
participate in _____
Sounds of Summer Camp
at _____ on _____
(Name of Facility) (Date and Time)
Mansfield University May 18-19, 2012

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible harm or injury, specifically but not limited to strains, sprains, dislocations, broken or fractured bones, cuts, or bruises. I understand and appreciate that such injury could also include, without limitation, serious neck and spinal injuries which may result in partial or total paralysis, brain damage, loss of sight hearing, sense of smell serious or permanent injuries to all bodily organs and functions, serious injury to all or part of the musculoskeletal system, all of which may detrimentally impact my child's general health and well-being for the rest of my child's natural life. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences if injury may impact my child's life, and I choose to accept this risk and allow my child to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Mansfield University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials, or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of my child's participation in this activity.

By my signature below, I certify that I completely understand this document. I certify that I am eighteen years of age or older, and am not under the influence of any drugs or alcohol.

Signature of Parent or Guardian Date

Signature of Minor (if applicable) Date

Witness Date

HEALTH RECORD

Student's Name _____ Birth date _____ Age _____ Sex M F
Last First M.I.

Parents or Guardian _____ Address _____

Phone _____

Emergency Contact Email Address (if available) _____

Pertinent Medical History _____

List Current Medications/ Dose/Time _____

Allergies _____

Last Date of Tetanus Toxoid _____ Name of Insurance Company _____

Policy # _____ Address of Insurance Company _____

Other person to be notified in case of accident or illness if parent is not at home:

Name Phone

I give Mansfield University permission to treat my son/daughter for accident and/or illness.

Signature Date

Mansfield University
Model Release Form

I, (we), hereby grant Mansfield University permission to use and publish photographs of me or the minor listed below, or in which I/they may be included, for purposes of editorial, trade advertising, display or exhibition use including Mansfield University publications and advertising of every description. I have read this release and fully understand its contents.

Receipt of full consideration is hereby acknowledged and no further claim of any kind will be made by me. No representations have been made to me.

Name (print please) _____

Address _____ City _____ State _____

Signature _____ Phone _____

Parent's Consent

I, (we), _____, am the parent or legal guardian of the minor named, _____, and hereby consent to This photograph's use, subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Name of Minor (please print) _____

Address _____ City _____ State _____

Parent's Signature _____

Parent's Address _____ Phone _____

Mansfield University's Policies for Summer Youth Camps/Activities Sponsored through the Center for Lifelong Learning

Rights & Responsibilities:

All participants have the right to a safe and friendly environment; the right to a cooperative atmosphere between campers, staff and faculty; a responsibility to present a positive attitude; the responsibility to respect diversity of culture and opinion. All campers/participants are expected to behave appropriately at all times. Participating in activities on a university campus provides campers with an opportunity to experience a learning environment where all members have specific rights and responsibilities.

Inappropriate Actions:

Behavior deemed inappropriate may result in dismissal from the camp. *No acts of violence, damage to university or personal property, fights or disruptive behavior, sexual misconduct, or verbal threats will be tolerated.* Campers who are dismissed forfeit all fees.

Individuals, who intentionally commit, attempt to commit, incite and or assist others in committing any of the following acts of misconduct shall be subject to disciplinary action:

1. **Harassment** (verbal or physical abuse) or the threat of physical abuse against any person, including yourself, in the residence halls or at any program activity, or other conduct that threatens or endangers the health or safety of any person.
2. **Self-Destructive Behavior**- Any person who engages in self-destructive behavior must accept responsibility for their actions and are subject to disciplinary action, including being sent home/asked to leave camp. When any act of self-destructive behavior or an apparent threat of serious harm occurs, the University will notify a youth camper's parent or guardian.
3. **Unauthorized occupation of** or unauthorized entry into, any residence hall facility or student room.
4. Tampering with or the **misuse of fire alarms** (including sounding a false fire alarm), fire extinguishers, fire hoses, or any fire equipment. Setting a fire or the possession or use of candles or any type of open-flame.
5. **Unlawful manufacture, distribution, sale, use or possession of illegal, addictive, dangerous, or controlled substances** (including alcohol) on University property.
6. **Theft or possession** of stolen goods.
7. **Possession or use of firearms, explosives, incendiary devise, or other weapons.**
8. **Failure to follow emergency procedures** (fire, etc.).
9. **Loud and disruptive behavior**, anywhere on campus.
10. **Windows and Screens**- screens are not to be unhooked or removed from windows for any reason. Windows are not to be used for entrances or exits, except in the case of an emergency.

Disciplinary action(s) may include:

1. Temporary removal from a given activity, class, setting.
2. Full removal from the remainder of a given class, setting or activity.
3. Contacting a parent or guardian.
4. Dismissal from the camp/program.
5. Dismissal from the camp and any other Mansfield University/ Center for Lifelong Learning sponsored camp/program they plan to attend that summer.
6. Dismissal from the camp and all future camp/program opportunities at Mansfield University sponsored by/through the Center for Lifelong Learning.

Disciplinary action will be determined by the camp coordinator in consultation with camp faculty, staff and the Director of the Center for Lifelong Learning/or designee. No student will be dismissed without parent or guardian being contacted first.

There will be no financial refunds processed for participants who are asked to leave the program.

I have read and understand this policy.

Participant's Signature Date

Parent/Guardian's Signature Date