

BLAST OF BRASS 2012

Hosted at TEXAS A&M UNIVERSITY – COMMERCE, TX
Conference Dates are July 8 – 14, 2012

OFFICE USE ONLY

Date Received _____
Amount Received _____ Payment Type _____
Housing: Dormitory Housing Room # _____ Commuter
Health Form Received Tickets Reserved

2012 REGISTRATION & HEALTH FORMS

Registration Deadline is June 5, 2012. A \$50.00 Late Fee will be required if postmarked after June 5, 2012

STUDENT INFORMATION

First Name _____ Last _____
Address _____
City _____ State _____ Zip _____
Student Email _____
Home Phone _____ Student Cell _____
Date of Birth ____/____/____ Gender _____

Instrument: _____ Years of Experience: _____
School in Fall '12: _____ Grade (Fall '12): _____
Were you an All-State Member in 2011/2012: YES NO
How did you hear about BLAST OF BRASS?
 Returning Camper Poster/Ad Website Instructor
Referring Person: _____

PARENT or GUARDIAN

PARENT/GUARDIAN 1 (primary contact)

First Name _____ Last _____
Mailing Address: _____
City _____ State _____ Zip _____
Email _____
Home Phone _____
Work Phone _____ ext. _____
Place of Business _____
Cell Phone(s) _____

PARENT/GUARDIAN 2 (secondary contact)

First Name _____ Last _____
Mailing Address: _____
City _____ State _____ Zip _____
Email _____
Home Phone _____
Work Phone _____ ext. _____
Place of Business _____
Cell Phone(s) _____

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

Name _____ Relationship to Camper _____
Day Phone _____ Evening Phone _____ Cell phone _____

HOUSING INFORMATION (Please select your housing preference...HOUSING STUDENT or COMMUTER STUDENT)

HOUSING STUDENT Requested Roommate _____ If not available, do you wish to share with someone from your school? YES NO

COMMUTER STUDENT If **NOT** staying with parent/guardian, provide the following information of the adult responsible for your student during the camp:

Name _____ Relationship to Camper _____ Telephone _____
Local Address _____

First Name _____ Last _____

PAYMENT INFORMATION (Check if applicable and then tabulate total)

_____ \$325.00 CONFERENCE REGISTRATION FEE
_____ \$235.00 HOUSING FEE (Includes dormitory housing, 3 daily meals M-F, 2 recreation center visits)
_____ \$ 10.00 T-SHIRT Small Medium Large X-Large XX-Large
_____ -\$50.00 DISCOUNT for 2012 High School ALL-STATE members and TAMU-Commerce Students
_____ \$ 50.00 LATE FEE DUE ONLY if postmarked after JUNE 5, 2012
\$ _____ TOTAL REGISTRATION AMOUNT (Please tabulate the registration fee here)

CONTACT and HELPFUL INFORMATION

BLAST OF BRASS CONTACT & MAILING ADDRESS
Keith Meek, conference director / founder
502 Doral Pl., Garland, TX 75043-5414
(214) 236-8441 Office Cell and Emergency Camp Number

2012 HOST LOCATION - PHYSICAL ADDRESS
Texas A&M University – Commerce
2600 S. Neal St., Commerce, Texas 75429

BLAST OF BRASS CONCERT TICKETS FRIDAY, JULY 13, 2012 at 7:30 PM
BLAST OF BRASS Ensemble in concert featuring Thomas Hooten, trumpet
Finney Performance Hall at Texas A&M University-Commerce
REQUIRED ATTANDANCE for ALL Conference Participants (Participant ticket is included in registration)

Number of Tickets _____ x \$15.00 Adults + _____ x \$10.00 Students = \$ _____
Tickets purchased will be held at WILL CALL / TICKET BOOTH and made available at the concert.

TABULATE TOTAL PAYMENT DUE & SELECT PAYMENT TYPE **TOTAL DUE**

REGISTRATION \$ _____ + CONCERT TICKETS \$ _____ = \$ _____

FORM OF PAYMENT: CHECK (preferred payment) MONEY ORDER CREDIT / DEBIT CARD

IF CREDIT or DEBIT CARD: (Circle Card Type and complete card information below) **VISA / MASTERCARD / DISCOVER**

CARD HOLDER NAME _____ CARD NUMBER _____ EXPIRATION DATE _____ 3 DIGIT SECURITY CODE _____

_____ PAYMENT PLAN REQUESTED
A Non-Refundable Down Payment of \$200.00 and Two (2) scheduled payments.

SELECT TWO (2) REQUESTED PAYMENT DATES BELOW & COMPLETE THE AMOUNT TO BE PAID OR CHARGED:

\$ _____ on April 3, 2012 \$ _____ on May 8, 2012 \$ _____ on June 5, 2012

MAKE PAYMENTS PAYBALBE TO and MAIL TO: **BLAST OF BRASS**
502 DORAL PLACE
GARLAND, TX 75043-5414

SIGNATURE(s)
STUDENT SIGNATURE _____ DATE _____

PARENTAL SIGNATURE _____ DATE _____ (If minor)

DORM PARENTS & CAMP COUNSELORS

Dorm Parents are qualified music educators that will be on site 24 hours a day and available to assist students at all times. In addition, they will be staying in the dormitories to supervise students after hours.

Camp Counselors are current undergraduate music students at Texas A & M University – Commerce. Counselors are in charge of making sure that students arrive safely to their designated camp activities in addition to supervising students during meals and extracurricular activities.

MEDICAL CARE

Medical care will be available on a 24-hour basis for all students residing in the dormitory and available to all students while on campus. In cases when a camper is referred by the Student Health Center to outside medical facilities (medical laboratories, x-ray facilities, etc.), the medical expense will be charged to the parent or guardian. Please bring family insurance information with you in the unlikely event of an emergency.

OTHER INFORMATION

Residents leaving the campus for any reason without written permission from parents or guardians will be dismissed from camp without refund.

All personal property, including instruments, purses, and money are the responsibility of the owners at all times. Neither BLAST OF BRASS nor the university takes any responsibility for lost, stolen, or misplaced belongings.

Automobiles belonging to campers MAY NOT be used during the hours of the camp. Permits for parking your car on the campus are required; these will be provided at check-in.

Pets, alcoholic beverages, knives, illegal drugs, smoking, gambling, explosives, and weapons of any kind are forbidden on the university campus at all times. Violation of this policy will result in dismissal from camp without refund as well as possible prosecution.

Violation of camp rules and dormitory regulations may result in the student's expulsion from camp without refund. Parents will be notified and arrangements will be made to send the student home at the parent's expense.

BLAST OF BRASS 2012 at TAMU-Commerce

Release, Waiver, and Authorization for Medical Treatment

I, participant (or participant's parent/legal guardian if participant is under 18 years old) _____, authorize my (my child's) full participation in the BLAST OF BRASS Summer Music Conference (BOB), produced by Metro Musical Productions (MMP), at Texas A&M University-Commerce (TAMUC), including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity, I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes the BOB, MMP, and TAMUC, The Texas A&M University System and its Board of Regents, and their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, *including injuries sustained as a result of the negligence of Releasees*. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees. I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child). I agree to indemnify and hold harmless Releasees for any cost incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

MEDICAL CONDITIONS: Please list any medical conditions that would assist the camp staff in case of an emergency.

ALLERGIES: Please list any allergies to foods or medications.

MEDICATIONS: Please list all medications brought to the camp. Medications should be properly labeled and in the original container.

_____ My child will self-administer his/her medication while at camp.

_____ My child will be taking medication that requires the camp staff to keep and administer the medication. Please provide detailed instructions.

Date of last Tetanus vaccine _____ If left blank, and a tetanus shot is considered necessary by the physician, one will be given.

If the participant has medical insurance, please complete the following information:

Insurance Company _____ **Policy Number** _____ **Group Number** _____

Name of Primary Policy Holder _____ **Primary Doctor's Name & Phone** _____

State law requires you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

BLAST OF BRASS / METRO MUSICAL PRODUCTIONS ATTN: Keith Meek 502 Doral Pl., Garland, TX 75043-5414 (214) 236-8441 office office@blastofbrass.com www.blastofbrass.com

MEDIA RELEASE AND WAIVER: If the party is 18 years old or older, complete information and sign below; otherwise, the parent or legal guardian must also sign.

I, (printed name) _____, do hereby give BOB, MMP, and TAMUC, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, or video in all forms and media and in all manner, for advertising, trade, or in any other lawful purpose.. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a web site that may be created in connection therewith. I am eighteen (18) years of age or older. I understand that BOB, MMP, and TAMUC cannot control the unauthorized use by persons other than themselves, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my name and image must be pursued by me against the unauthorized user. BOB, MMP, and TAMUC disclaim any responsibility for such unauthorized use of my published name or image. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Participant's Name (Print) _____ **Participant's Signature** _____ **Date** _____ (18 or Older)
Address _____ **City, State, Zip** _____ **Phone** _____

I, (Print) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

Parent/Legal Guardian Signature _____ **Date** _____ (If under 18)