

SHEPHERD UNIVERSITY HONOR BAND 2016 STUDENT REGISTRATION FORM

Registration deadline — November 1, 2015

PLEASE TYPE OR PRINT CLEARLY

HONOR BAND — Instrument: _____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

I am also interested in auditioning for the **HONOR JAZZ ENSEMBLE**:

Jazz Ensemble Instrument: _____

School _____ Grade _____

Band Director / Instrumental Music Teacher: _____

I recommend the above-named student for the Shepherd University Honor Band.*

Band Director or Instrumental Music Teacher Signature

Date

***Registration form must be signed by Band Director or Instrumental Music Teacher.
Forms without this signature will not be accepted.**

Male

Female

T-Shirt size: S M L XL XXL

FEES:

Commuter **\$50**

Lunch and dinner will be provided by Shepherd University.

Staying in hotel **\$90**

Saturday and Sunday nights 1/16 and 1/17/16 at the **Quality Inn**

Includes breakfast at hotel. Transportation to and from hotel and the Frank Center, lunch and dinner will be provided by Shepherd University.

If you have a preference of roommates, please provide the following information:

Last name, first name

School

1. _____

2. _____

3. _____

Shepherd University will make efforts to accommodate your rooming requests; however, please be aware that some arrangements may not be possible.

Enclose a check made payable to Shepherd University Department of Music and return along with this form by **November 1, 2015**. Please write student's name on the check memo line.

— IMPORTANT! COMPLETE BOTH SIDES OF THIS FORM —

SHEPHERD UNIVERSITY HONOR BAND 2016

Parent or Legal Guardian Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail Address: _____

Emergency contact:

Name: _____ Phone: _____

Health Information:

Medical Insurance Company: _____ Phone: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

If you have a medical condition of which we should be aware and/or if you take daily medication please let us know. All personal information will remain confidential.

Program information:

PRINT NAME as you would like it to appear in the program:

_____ Instrument _____

Concert tickets:

General admission is **\$5.00**. Due to limited seating capacity, there is a **maximum of 4** guests per student. Tickets must be requested and pre-paid with registration and will be mailed to you. Any remaining tickets will be released for sale at the box office beginning one hour prior to performance. Guests without tickets may be added to a waiting list, however seating is not guaranteed.

Number of tickets requested: 1 2 3 4 Total ticket order amount \$ _____

Total enclosed \$ _____ check made payable to Shepherd University Department of Music

Checklist:

Enclosed are:

- completed registration* form with payment
- signed waiver form
- ticket order and payment

***Registration form must be signed by Band Director or Music Teacher. Unsigned and/or incomplete forms will not be accepted.**

Please note that all payments are non-refundable.

RETURN ALL BY NOVEMBER 1, 2015 TO:

**Shepherd University Department Music — Honor Band 2016
P.O. Box 5000 • Shepherdstown, WV 25443**

SHEPHERD UNIVERSITY HONOR BAND 2016

WAIVER, RELEASE, AUTHORIZATION AND ACKNOWLEDGMENT

The undersigned, _____ (the Parent/Guardian), being the Parent or Guardian of _____ (the Student) hereby authorizes and acknowledges that he/she has chosen to have the Student participate in the Shepherd University Honor Band Program, January 16-18, 2016, which includes three days on the Shepherd University campus, two nights lodging at a local hotel, transportation in a Shepherd University van, band rehearsals, instructional courses, performances, and meals. The Parent/Guardian is advised that some reasonable exposure to certain risks of some form of physical injury may be associated with any group experience involving a number of minors. The Parent/Guardian Acknowledges that Shepherd University has no means of fully controlling such risks and the Parent/Guardian does hereby assume such risks as might arise from the acts of other minors who are in attendance. The Parent/Guardian further acknowledges that the Student will be cautioned and instructed by Shepherd University to carefully obey all instructions of supervising personnel during the course of the Honor Band Program. The Parent/Guardian acknowledges and accepts as reasonable that the overnight hotel arrangements will include one adult chaperone for males and one adult chaperone for females, and that Shepherd University is not responsible for any injury to the Student if the Student violates room curfews at night.

In consideration of the willingness of Shepherd University and its assigned faculty and staff to permit The Student to participate in such Honor Band Program, The Parent/Guardian does by his/her signature below waive any claims which may arise in any relation to the Honor Band Program, and does release Shepherd University and its employees, officers, and agents from same.

Parent/Guardian signature

Date