



2012 Brass Boot Camp (BBC) Registration Contract

My signature below indicates that we understand that:

- 1) The Registration Fee due for the student's BBC enrollment is determined by the date the form of payment is made. (online payments through debit or credit card are logged immediately; fee for payments mailed in is determined by postmark date of mail-in)
 - Fee rates are as follows: Early Bird (12/01/2011-2/29/2012) - \$210; Regular Registration (3/1/12-4/15/12) - \$250; Late Registration (4/16/12-5/30/12) - \$290.
 - The Registration Fee is non-refundable.
 - ***Registration is open until seats are filled.***
LVYO reserves the right to close registration at any time.
- 2) By registering, I/my child has accepted his/her position in BBC and is committed to full participation of the BBC Program, June 25-29, 2012. Students will abide by code of conduct and dress code in compliance with Clark County School District policies. LVYO reserves the right to dismiss students from BBC participation, who are not in compliance to such policies.
- 3) Camp information updates, and instructions on first day of camp will be posted online (www.lvyo.org) and through email notification. It is my sole responsibility to check these sources to obtain this information. These formats are the primary methods of communication for policy, updates and notifications to parents/guardians and participants. Should my primary email address change, I am responsible to inform LVYO in writing of the change.
- 4) All LVYO forms/documents are required to be completed and submitted at time of payment (by mail or electronic mail), or student may be denied enrollment.

Name of Student (print) _____ **Instrument** _____

Name of Parent (print) _____

Student Signature _____

Parent Signature _____ **Date:** _____

Form of Payment:

Check No. _____ Money Order No. _____ Cashier's Check No. _____

Credit/Debit Card: MC Visa AMEX Discover (submitted online via PayPal)



**Las Vegas Youth Orchestras (LVYO)
Friends of the Las Vegas Youth Orchestras
BRASS BOOT CAMP
Public Relations & Media Release Form**

Nov 2011

As a student of the LVYO, there may be times where media personnel may ask and attempt to interview, photograph, audiotape, film and/or videotape students of the LVYO. This includes but is not limited to: newspaper articles, television coverage, website, internal or external publications, newsletters, video presentations, multi-media forms and other presentations.

Your signature on the form below authorizes Friends of the Las Vegas Youth Orchestras (FLVYO) to release your child's and/or your photograph and/or audio/video/film production for publication, and/or written publication. Examples may include but are not limited to, student activities, social gatherings, individual or group achievements, musical ensemble presentations, tours, tour conversations, dialogues, interviews, and discussions.

Once signed and dated, this form shall remain in effect until one year from the date of signature.

Student is defined as anyone under the age of 21 years.

As the parent/guardian of _____ I hereby
(Student Name, please PRINT)

(Check one)

_____ Give Permission

_____ Do Not Give Permission

For Friends LVYO to release my child's photograph and/or audio/video/film reproduction for publication, broadcast or posting to the LVYO website and any other publication, written or otherwise, as described above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

MEDICAL/HEALTH/EMERGENCY FORM

Nov-11

Student Information:

Last Name _____ First Name _____ (Male/Female) Circle Gender _____
Residence Address _____ City/Zip _____
Birth date _____ Age _____ Home Phone _____ Cell _____
Email _____
W _____

Parent Information:

Mother/Guardian Last Name _____ First Name _____
Residence Address _____ City/Zip _____
Residence Phone _____ Work Phone _____ Cell _____
Email _____
Father/Guardian Last Name _____ First Name _____
Residence Address _____ City/Zip _____
Residence Phone _____ Work Phone _____ Cell _____
Email _____

FINANCIALLY RESPONSIBLE PERSON:

Last Name _____ First Name _____
Residence Address _____ City/Zip _____
Relation to Student _____
Residence Phone _____ Work Phone _____ Cell _____

FAMILY HEALTH INSURANCE INFORMATION

Insurance Company Name _____
Policy # _____ Group # _____ Member # _____
Agent's Name _____ Phone # _____
Policy Subscriber's Name _____ Relation to Student _____

In Case of Emergency and Parent/Guardian Cannot Be Reached, CONTACT:

Name _____ Phone #1 _____ Phone #2 _____
Address _____ City/State/Zip _____

MEDICAL INFORMATION

Medical Conditions: Physical or mental problems, recent surgeries, etc _____
Allergies: Known Allergies to Medications: _____
Known Allergies to Food or other: _____
Diet: Vegetarian _____ Yes _____ No (Check One)

Prescription Medications

Name of Medication: _____ Dose _____ Route _____ Time(s) _____ Purpose: _____
Name of Medication: _____ Dose _____ Route _____ Time(s) _____ Purpose: _____

Medical Records

Hospital Records (Name of Hospital) _____
Hospital Address _____ Hospital Phone _____

DOCTOR _____ **PHONE** _____

I attest that my child is physically and mentally capable to participate in the LVYO Program, and that all the information listed above is correct to the best of my ability without any omissions.
The signature below is my consent for the representatives of the Las Vegas Youth Orchestras (LVYO) and Friends of the Las Vegas Youth Orchestras (FLVYO) to authorize medical treatment for my child, in case of emergency, and in case I cannot be reached. I release the LVYO, FLVYO, Volunteers, and Agents, of any and all liability from treatment that may occur.

Print Name _____ **Relationship** _____
Signature _____ **Date** _____



- AND -

FRIENDS of LAS VEGAS YOUTH ORCHESTRAS

BRASS BOOT CAMP WAIVER FORM

I, _____, acting on behalf of myself and my minor child, do expressly and forever waive and release the "Friends of the Las Vegas Youth Orchestras" and all their respective Board Officers, members, employees, agents, representatives and volunteers, and those staff members or representatives of the Las Vegas Youth Orchestras, from any and all liability for personal injuries, damages, costs or expenses; sustained, incurred or arising from participation in any Las Vegas Youth Orchestras or "Friends of the Las Vegas Youth Orchestras" rehearsal, audition, activity or event. Furthermore, (acting on behalf of myself and my minor child), I do expressly and forever waive and release the "Friends of the Las Vegas Youth Orchestras", and/or the Las Vegas Youth Orchestras, and all their respective Board Officers, members, employees, agents, representatives and volunteers from any and all liability, loss, damages, costs or expenses which may incur to the musical instrument and/or accessories belonging to myself and my minor, or a second, third or fourth party loaning the musical instrument and/or accessories belonging to myself and my minor.

Name of parent or Minor's Guardian (Print Clearly)

Signature of Parent or Minor's Guardian

Name of Child (Participant in LVYO BBC)

(Print Clearly)

Instrument: _____