



Registration Form - 2020

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent's Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency number(s) for Band Camp: (____) _____ (____) _____

I'm interested in participating in (choose one) Jazz Band Music Appreciation Class Not sure

Instrument: _____ Number of years playing _____

Jazz Band Instrument: _____ Number of years playing _____

School Name: _____ School District #: _____

Grade: _____ Band Director Name: _____

(entering in the fall of the coming school year) Private Instructor Name: _____

Have you attended either Band Day or Band Camp before? YES NO

Shirt Size: S M L XL XXL (shirts are adult sizes)

(Check one)

Name preference for Camp name tag: _____

Band Camp program fee:

\$225 for **Early Bird** registration postmarked *before May 31st*

\$250 for registration *after May 31st*

(DO NOT SEND CASH, please include check or money order made payable to: **Southwest Community Concert Band**)

Check # _____ or Money Order _____

Return the completed form and Band Camp program fee (made payable to **Southwest Community Concert Band**) to:

Southwest Community Concert Band - Band Camp: PO Box 244; Lockport, IL 60441-0244

Band Camp will be photographed and recorded for a souvenir CD and promotional purposes, no names or addresses will be used. We ask all parents/guardians to sign the below release. Any questions regarding this release can be directed to our event coordinator, Ray Forlenza at (708) 342-9298 or email us at info@swcommunityband.com

I _____, give the Southwest Community Concert Band my permission to photograph and record my child _____ at the Band Camp event, held from June 15 through June 19, 2020.



Southwest Community Concert Band

a 501(c)(3) Not-For-Profit Organization

Post Office Box 244 • Lockport, Illinois 60441-0244

Voicemail : (815) 293-7259 • Email : info@swcommunityband.com

Website : www.swcommunityband.com • www.facebook.com/swcommunityband



Participant Name _____

RELEASE OF LIABILITY

The Participant designated below will engage in the following activities being held at Saint Francis of Assisi Parish and is sponsored by Southwest Community Concert Band:

Summer Band Camp June 15-19, 2020

As a condition of being able to participate in these activities, the undersigned, individually and/or as legal guardians for the participant hereby acknowledge and agree that:

1. The activities may involve certain inherent risks and hazards which cannot be prevented that could result in damage to property or personal injury, including death, and
2. Notwithstanding these risks, the Participant is permitted to enter upon the premises to participate in all activities and assume all risks associated with the activities in which the participant may engage, and
3. The Participant has no medical condition or health problem which prevents his or her participation; and
4. The Participant has been informed of and agrees to abide by all safety rules and regulations promulgated by Southwest Community Concert Band and Saint Francis of Assisi Parish; and
5. The Participant(s) are responsible individually and collectively for financial costs for any damage to Saint Francis of Assisi Parish property or equipment while said activity is in progress, and the time immediately preceding and following said activity; and
6. We hereby release and hold harmless Southwest Community Concert Band and Saint Francis of Assisi Parish, its agents, officers and employees, successors and assigns from any and all liability, claims, demands, actions and causes of actions, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the Participant or any property of the Participant while in, on or around the premises, and will not institute nor aid any suit or action against any of the foregoing for damage, loss or injury to person or property which may be sustained by the Participant; and
7. We hereby authorize the directors and agents of Southwest Community Concert Band and Saint Francis of Assisi Parish to authorize appropriate emergency care for my minor child in the event that I cannot be contacted or that immediate attention is requested by the attending medical personnel.
8. The terms of this document are contractual in nature and not merely recitals and are binding upon the undersigned, the Participant, his or her heirs, executors and administrators.

WE HAVE READ THE FOREGOING, UNDERSTAND THAT THIS A FULL AND FINAL RELEASE OF ALL CLAIMS, WHAT SO EVER AGAINST SOUTHWEST COMMUNITY CONCERT BAND AND SAINT FRANCIS OF ASSISI PARISH, ITS AGENTS, EMPLOYEES, SERVANTS AND OFFICERS, AND HAVE VOLUNTARILY EXECUTED SAME ON MY BEHALF AND THAT OF THE PARTICIPANT AND INTEND TO BE BOUND HEREBY.

Participant Legal Guardian:

Print Full Name: _____

Contact Phone: _____

Alternate Phone: _____

Address: _____

Signature: _____ Date: _____



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