

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

(Please Print)

Address \_\_\_\_\_

(Street or PO Box)

(City)

(State) (Zip)

Instrument (circle one): Flute Trombone Guitar Percussion Grade Next Year \_\_\_\_\_

Director or Private Teacher's Signature \_\_\_\_\_ School \_\_\_\_\_

(check one)  I will  I will not be staying in the University dormitory. Email address \_\_\_\_\_

Roommate Preference \_\_\_\_\_ School \_\_\_\_\_

**CAMP COSTS: (Please check one)**

_____ Tuition, Room & Meals for dormitory students (includes \$10.00 refundable key deposit)	<b>\$125.00</b>	<b>A minimum deposit of \$60.00 should be paid by all students by June 13.</b>
_____ Tuition only for commuters (Does not include room or meals.)	<b>\$60.00</b>	
_____ Single Room Upgrade (if uncomfortable with a random room assignment)	<b>\$225.00</b>	
_____ Amount Enclosed <input type="checkbox"/> Check (Make check payable to SWOSU Music Camps)		

If Paying By Credit Card please go to <https://bit.ly/swosucamppayment> and click on *Music Camps Payment Only* product or scan the QR code below. From there, enter the amount you wish to pay, add to your cart, complete the application information, and enter your credit card information. Payment will be sent directly to the SWOSU Business Office and SWOSU Music Camp office.

**HEALTH FORM**

I, the undersigned, parent or legal guardian of (Camper's Name) \_\_\_\_\_ do hereby authorize an adult staff member of the SWOSU SOLO CAMP, the temporary custodian of the above-named minor to consent to any emergency treatment by any doctor, dentist or the university nurse licensed by the State of Oklahoma and to any hospital care that may be rendered to said minor, regardless whether such diagnosis or treatment is rendered at the scene of the emergency, in route to or at the office of a doctor, dentist or the university nurse, or at a hospital licensed by the State of Oklahoma. I further give my permission for the above-named minor to receive any medical attention, including preventative, routine, and emergency care, as deemed necessary by qualified medical personnel in the event such treatment is necessary when an adult staff member of the camp is not present.

I agree that neither Southwestern Oklahoma State University nor its employees acting within the scope of their employment shall be held liable for any accident or injury while the above-named minor is either on or off campus. I further agree to release Southwestern Oklahoma State University and its employees from responsibility for any damages or expenses that might result from any medical, dental, or hospital care rendered to the above-named minor. I understand that all medical bills are the responsibility of the parent or legal guardian of the above-named minor.

I agree to abide by all COVID-19 safety protocols and regulations as outlined by the Southwestern Oklahoma State University and SWOSU Music Camps. I understand that there is a certain level or risk by attending camp and agree that neither Southwestern Oklahoma State University nor its employees or SWOSU Music Camps shall be held liable for any contractions of communicable disease or the closing of Music Camps due to the spread of communicable disease.

This consent, unless revoked in writing, shall remain in effect until the above-named minor leaves campus on the final day of the camp which he or she is attending.

I further give my permission for the above-named minor to participate in all Southwestern Oklahoma State University MUSIC CAMP'S educational and recreational activities.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  Check to authorize the camp office to give over the counter medication to the above camper (Tylenol, Pepto-Bismol, Imodium, etc. **Checking box is not required.**)

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

(Please Print)

Parent / Guardian \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Name of regular physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Blood Type \_\_\_\_\_ \*Daily Medications \_\_\_\_\_

Medication Allergies. \_\_\_\_\_

Health Insurance Company & Policy No. \_\_\_\_\_

As a participant in the SOUTHWESTERN SOLO CAMP, I agree to participate in the entire program and conduct myself in a way to bring credit to myself, my family, my community, my school and the Southwestern Oklahoma State University SOLO Camp. I will not use alcohol or other drugs, and will abide by the rules and regulations set forth in the camp policies for the entire length of time that I am a participant.

Signature of Camper \_\_\_\_\_

**\* All medications must be the original container, with the pharmacist's label attached and clearly legible.**

PLEASE MAIL TO: SWOSU Music Office, Solo Voice Camp, 100 Campus Drive, Weatherford OK 73096 or SWOSU Music Department

Fax Number: (580) 774-3714

**Publicity Consent:** I do agree to allow my son/daughter's name and likeness to be used for positive promotion of the SWOSU Music Camps. All media are carefully selected to portray students in a positive academic, cultural, or recreational setting.

