

Name _____ Age _____ Gender _____

(Please Print)

Address _____
(Street or PO Box) (City) (State) (Zip)

Instrument _____ Grade Next Year _____

Director'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) **\$185.00** **A minimum deposit of \$90.00 should be paid by all students by June 4.**
- _____ Tuition only for commuters (Does not include room or meals.) **\$90.00**
- _____ Single Room Upgrade (if uncomfortable with a random room assignment) **\$310.00**
- _____ Amount Enclosed 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.

- Jazz History
 - Beginning jazz Improv
 - Piano Comping
- (Classes subject to change based on enrollment and teacher availability)

HEALTH FORM

I, the undersigned, parent or legal guardian of (Camper's Name) _____ do hereby authorize an adult staff member of the SWOSU JAZZ 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 (_____) _____

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 JAZZ 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 JAZZ 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





AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK, OR LIKENESS

BY SIGNING BELOW, I hereby give permission to Southwestern Oklahoma State University and its agents or employees (SWOSU), to take photographs or videos of me, and to make recordings of my voice. I give permission to SWOSU to use these photographs, videos, and recordings, as well as my likeness, name and voice taken of me for use in any publication which may include printed or electronic media, or both. Furthermore, I give permission to SWOSU to use my name in conjunction with said photographs. I understand that SWOSU is under no obligation to use these photographs.

I hereby relinquish any right to inspect or approve the completed product or products which may include the finished photograph of me, advertising copy, or any other printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless SWOSU and its agents or employees, including any firm publishing and or distributing the finished product or products in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

I have completely read this release before signing, and I fully understand the contents, meaning and impact of this release.

FULL NAME (PRINTED) SIGNATURE

ADDRESS (STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS TELEPHONE NUMBER DATE

PARENT/GUARDIAN CONSENT FOR INDIVIDUALS UNDER THE AGE OF 18

FULL NAME (PRINTED) SIGNATURE

ADDRESS (STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS TELEPHONE NUMBER DATE

FOR SWOSU USE ONLY

FULL NAME (PRINTED) DEPARTMENT DATE