



**DIVISION OF MUSIC UAM Box 3607
MONTICELLO, AR 71656
(870) 460-1060**

THE UNIVERSITY OF ARKANSAS AT MONTICELLO

The University of Arkansas at Monticello Summer Camps 2023

Application (please type or print in ink)

Name: _____ Date of Birth: _____

Mailing Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip Code: _____

Name of School: _____

Grade (Just completed): _____ Sex: Male { } Female { }

Parent's Name(s): _____

Phone Number(s): _____

Regularly Checked Email Address: _____

(We will send out regularly important band camp information out via email.)

Instrument You Play: _____ Brand: _____ Serial #: _____

Choice of Roommate (if any): _____ Roommate's School: _____

(Please select a camp.)

Beginner Camp	June 13-17	on campus \$295.00 { <input type="checkbox"/> }	off campus \$235.00 { <input type="checkbox"/> }
Junior High Camp	June 13-17	on campus \$295.00 { <input type="checkbox"/> }	off campus \$235.00 { <input type="checkbox"/> }
Senior High Camp	June 13-17	on campus \$295.00 { <input type="checkbox"/> }	off campus \$235.00 { <input type="checkbox"/> }
Jazz Camp	July 11-15	on campus \$295.00 { <input type="checkbox"/> }	off campus \$235.00 { <input type="checkbox"/> }
Auxiliary Camp	July 11-14	on campus \$265.00 { <input type="checkbox"/> }	off campus \$235.00 { <input type="checkbox"/> }

MONTICELLO • CROSSETT • MCGEHEE

WWW.UAMONT.EDU

UAM Is An Accredited Institutional Member of the National Association of Schools of Music

In Case of Emergency

I, _____, parent/guardian of _____, recognizing and being fully aware of the potential dangers involved, authorize band camp staff to transport my child to a physician of emergency room if necessary for medical care and I specially release the staff member from any liability whatsoever except for acts of gross negligence. Further, if the camp participant is a minor, the undersigned parent/guardian grants permission to UAM to seek emergency medical treatment, through any medical provider deemed advisable, in the event that my child requires emergency medical treatment. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Signature _____ Date _____

To ensure proper treatment of your student it is a requirement to send an insurance card with him or her in case of an emergency.

Emergency Telephone Numbers _____

Family Physician _____ Phone Number _____

Any Medical Conditions? _____

Please list any allergies you may have. (If none please write "none" in the blank.)

Current Medications _____

Tetanus/Diphtheria _____

Mail Your Payment and Application To:

Cashier Office - Band Camp
P.O. Box 3597
Monticello, AR
71656

Make Check Payable To:

UAM Band Camp

Questions:

1-870-460-1060 UAM Music Office
bandcamp@uamont.edu

Risks on a College Campus

Participants should be aware of safety concerns and should take normal precautions when on any college campus: remain in your camp activities; always stay with other members of your camp; park in well-lit areas; never walk alone across campus at night; after dark, wait for transportation inside a University building; report any suspicious person(s) or activities immediately to a University staff person; and loitering in or around campus buildings and/or residence halls is highly discouraged.

I have read the above risks and safety concerns and precautions.____ (initial of camp participant)

Permission to Use Photographs

I grant permission to the camp sponsors and/or UAM to use any photographs, motion pictures, recordings, or any other record of the event or my participation in the event for any legitimate purposes.

Yes: _____

No: _____

Signature _____ **Date** _____

Parent Signature (if under 18 years): _____

**UNIVERSITY OF ARKANSAS AT MONTICELLO,
A CAMPUS OF THE UNIVERSITY OF ARKANSAS
SYSTEM, RELEASE AND HOLD HARMLESS
AGREEMENT**

I _____ am a participant of the UAM **Band Camp** on _____, at the University of Arkansas-Monticello, a campus of the University of Arkansas System ("UAM"). I state that I am 18 years of age or older or have the written consent of a parent or legal guardian to attend the **Band Camp** as a participant.

I acknowledge that **Band Camp** related events and training activities are inherently dangerous (possible activities include slip n' slide, bowling, walking, etc. – all of which will be exposed to heat and sun). Also, camp participants may be transported by camp staff to camp related events, which poses a risk of injury or death. I acknowledge that participating in these events and activities, as a member, student spectator or guest, exposes me to substantial risk of damage to my personal property, serious bodily injury, dismemberment and death. I acknowledge that my choice of participating in these events and activities, in any capacity, is voluntary on my part. I affirm my desire to participate in the events and activities as set out above. I agree that I have a duty to use caution and diligence to reduce the risk of injury and damage to my person, my property and to others. I assume all risk of any such injury or damage including bodily injury resulting in death, dismemberment or permanent injury, as a result of my participation in such **Band Camp** activities, transportation to and from the **Band Camp**, and while participating as a member, spectator or guest of UAM.

I agree to assume full responsibility for my safety and the safety of my property, while I am in transit to and from the **Band Camp** Event, while participating as a member, spectator or guest of UAM and at all other times related to such events and activities.

In consideration for being allowed to participate in the above mentioned events and activities, I, the undersigned, do hereby release and agree to indemnify and hold harmless UAM, the University of Arkansas, its Board of Trustees and all University officers, agents and employees, from all liability claims, demands and actions whatsoever arising out of or related to any loss, damage or injury, including illness, death, dismemberment or permanent injury, which may be sustained to me or any property belonging to me. The terms hereof shall also serve as a full release from liability and assumption of risk for my heirs, executor and administrator, for all members of my family, and may be pleaded as a bar to any litigation or claim for damages. I agree that jurisdiction and venue related to this Agreement and any claim against UAM, the University of Arkansas, its Board of Trustees, and any University officers, agents and employees, shall lie exclusively in Pulaski County, Arkansas and will be governed by the laws of the State of Arkansas. I recognize that UAM, the University of Arkansas, its Board of Trustees and all University officers, agents and employees are institutions and/or officials of the State of Arkansas and are entitled to sovereign immunity.

I have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

Print Name _____

Signature _____ Date _____

Parent/Legal Guardian Name _____

Signature _____ Date _____

Emergency Contact: _____ Emergency Phone# _____