

# Cannon Music Camp at the Hayes School of Music

## Camp Application Form

### Saturday, June 24 - July 15, 2017

Complete and mail this application along with \$100 application deposit to:

**Cannon Music Camp**  
**ASU Box 32031 - Boone, North Carolina 28608**  
**Phone: (828) 262-4091 Fax: (828)-262-3021**

**www.cannon.appstate.edu**

**E-mail cannonmusiccamp@appstate.edu**

Checks payable to: Cannon Music Camp

Credit/Debit Card: Visa or MC – E-mail or fax application

and call office with payment. **Applications open December 1<sup>st</sup>, 2016**

Camp Tuition: \$1,625.00

Meal Plan options:  \$265.00

(Select one)  \$290.00

\$315.00

Total Due \$\_\_\_\_\_

Meal plan questions are answered on-line under "Application Process" or call the office. Application and \$100 deposit are due together.

We fill enrollments based on quotas of instrumentation/voicing needs. Scholarship recipients and returning campers are not guaranteed a position in the camp population, so apply early to secure your space. Because of the nature of this camp, no day campers will be allowed to register. Camper & parent/guardian will receive notification of acceptance after all required forms have been received. Campers who are accepted will receive a packet with detailed instructions, policies, and procedures in late May. You have 2 options for payments. 1. You can choose to make payments of any amount once your application and deposit is submitted. All accounts must be paid in full by June 15<sup>th</sup> OR 2. After submitting your application and deposit, a payment of any amount is due before or by May 1<sup>st</sup>. You may make payments at any time with all accounts paid in full by June 15<sup>th</sup>. We understand these options *may not* work for everyone, so please contact us for assistance. If you must withdraw your application, April 14<sup>th</sup> is the deadline to request a refund of your \$100.00 application deposit and any other money paid. After April 15<sup>th</sup>, you will receive any money paid less the \$100.00 application deposit. All requests must be e-mailed.

### Camper Information

Date of Application \_\_\_\_\_

Camper Name \_\_\_\_\_ Preferred 1<sup>st</sup> Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Camper E-Mail: \_\_\_\_\_ Camper Cell Phone: \_\_\_\_\_

\*Do not fill in parent's e-mail, it is requested below. We use camper and parent's email to send acceptance or missing information.

Sex: \_\_\_\_\_ Age at camp: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade (Fall 2017): \_\_\_\_\_ Adult T Shirt Size: \_\_\_\_\_

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Music Instructor Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Instrument or Voice Part: \_\_\_\_\_ Secondary: \_\_\_\_\_

Please be specific: "Alto Sax", "Voice-Soprano" etc.

List secondary if applicable

Have you attended Cannon previously? \_\_\_\_\_ If so, how many years? \_\_\_\_\_ Did you receive a Cannon Music

Camp Scholarship? Date of letter \_\_\_\_\_ List award amount \$ \_\_\_\_\_ Or are you applying? \_\_\_\_\_

List any Non-Cannon Scholarships awards we should expect for payment: \_\_\_\_\_

Roommate or suitemate preference (ex same instrument, or specific name(s)) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

List one & be specific (ex returning camper, music teacher, camper, web search, scholarship offer, Hayes School of Music website, etc.)

### Parent or Guardian Information

Parent/G 1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone #( ) \_\_\_\_\_ Cell Phone #( ) \_\_\_\_\_

Parent/G 2 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home phone #( ) \_\_\_\_\_ Cell Phone #( ) \_\_\_\_\_

Camper Resides with? \_\_\_\_\_ Parent/G #1 or 2 should receive E-Mails? \_\_\_\_\_

If accepted as a camper, I agree to complete the application process as outlined on this website before camp opens, to abide by camp regulations, and to cooperate with camp authorities in furthering the camp ideals. I agree to remain for the entire session unless prevented by reasons beyond my control. I understand that no reduction in fees will be made for late arrive or early departure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

**CANNON MUSIC CAMP HEALTH & EMERGENCY INFORMATION-SUMMER 2017-PAGE 1**

**(Please, return the 2-page health/emergency form with your application)**

Camp tuition includes medical care from Appalachian State University Health Services (Open M-F 8am-4pm). If after hour care is needed, and/or it is an emergency, campers will be taken to Watauga Medical Center in Boone. During camp this two-page form will be on file at Health Services so medical personnel can attend to the camper. In order to attend this camp this form must be signed by a parent/guardian. The information will NOT affect the camper's chances of attending Cannon Music Camp.

CAMPER NAME:

\_\_\_\_\_ (Last) (First) (Middle Initial)  
CAMPER'S ADDRESS:

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_ Age while at Camp \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

CAMPER RESIDES WITH? \_\_\_\_\_

Contact Information fill out what applies to you:

Parent/Guardian #1 Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred number to call \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred number to call \_\_\_\_\_

**Required Signature and Date**

**To Whom It May Concern:**

I, the undersigned, being the legal parent, legal guardian, or legal next of kin to the named camper above, do hereby authorize necessary medical treatment for this person ("Camper") while participating in Cannon Music Camp, Appalachian State University, Boone, North Carolina. I also guarantee payment of all charges incurred during treatment (physicians/hospital, x-rays, lab fees, medication, ambulance, emergency care, etc.). Also, I hereby grant permission for my child to be treated with over-the-counter, aspirin free, medication that he/she needs for first-aid or minor illnesses such as headaches, nausea, upset stomach, sore throat, earaches, etc. while participating in camp activities except as otherwise noted on page 2 of this form.

By Law, A Parent cannot consent in advance to Emergency Care at Watauga Medical Center. It is understood that in cases other than the need for immediate treatment, the physician may defer treatment pending parental consent of a specific professional service.

**NAME OF PARENT/GUARDIAN (print):**

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Digital Signatures are not accepted at ASU Health Services, form must be signed*

Cannon Music Camp maintains an accident insurance policy on each camper, which is included in the camper tuition. Insurance information listed BELOW will be used if the camper needs to be taken to Watauga Medical Center, or as secondary insurance after our accident policy.

This information can be updated at anytime. If taken to hospital or labs needed, you will be contacted for current information.

**ENTER THE INSURANCE INFORMATION BELOW & PLEASE COPY THE CARD FRONT/BACK AND ATTACH TO THIS FORM.**

Name of Insurance Company \_\_\_\_\_

Insurance Policy/Group Number \_\_\_\_\_

Insured Cardholder's Name \_\_\_\_\_ Insured Cardholder Date of Birth \_\_\_\_\_

**CANNON MUSIC CAMP HEALTH & EMERGENCY INFORMATION-SUMMER 2017-PAGE 2**

Please, return the 2-page health/emergency form with the application to:  
Cannon Music Camp- ASU Box 32031- Boone, NC 28608 or send by e-mail to [cannonmusiccamp@appstate.edu](mailto:cannonmusiccamp@appstate.edu) or fax 828-262-3021.

CAMPER NAME:

\_\_\_\_\_  
(Last) (First) (Middle Initial)

**List two people to notify of in an emergency if parent/guardian cannot be reached:**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Relationship To Camper: \_\_\_\_\_ (i.e. Grandparent)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Relationship To Camper: \_\_\_\_\_ (i.e. Grandparent)

**GENERAL HEALTH INFORMATION** – Please provide the following information. This information will NOT affect the camper’s chances of attending Cannon Music Camp. The information is required by Appalachian State University Health Services.

**Allergies: list any and all that apply or indicate N/A if it does not apply**

List Food Allergies? \_\_\_\_\_

List Medicine Allergies? \_\_\_\_\_

Specific Food Choices: (Ex. vegetarian or vegan or indicate N/A if it does not apply)

\_\_\_\_\_  
List any current of past health conditions physicians/counselors should be aware of. This information will NOT affect the camper’s chances of attending Cannon Music Camp. The information is required by Appalachian State University Health Services.

Special Notes Concerning Conditions:

**MEDICATIONS:**

Does camper take medication on a regular basis? \_\_\_\_\_ Condition \_\_\_\_\_

If yes, list medication and dosage: \_\_\_\_\_

Instructions for administering (& specify if OK for their counselor to administer):

\_\_\_\_\_  
Medications, which must be administered by a health professional, are taken over to the Health Services on the first day of camp. Campers which require these medications are taken at 8am M-F to ASU Health Services, by shuttle van with the counselor on duty, to get their shot/medicine administered.

Over-the-counter medications, which I DO NOT wish to be administered to my child, are: \_\_\_\_\_

\_\_\_\_\_  
*If you know*, please list the month/year of last Tetanus Shot \_\_\_\_\_

**FAMILY DOCTOR/PEDIATRICIAN to reach during camp:**

Family Physician: \_\_\_\_\_

City/State: \_\_\_\_\_ Office Phone: \_\_\_\_\_