

GENERAL INFORMATION

DIXIE BAND CAMP

University of Central Arkansas
Conway, AR



Robert W. Smith is one of the most popular and prolific composers of concert band and orchestral literature in America Today.

Mr. Smith's credits include many compositions and productions in all areas of the music field. As a conductor, clinician and keynote speaker, Mr. Smith has performed throughout North America, Asia, South America, Europe and Australia.

He is currently teaching in the Music Industry program at Troy University in Troy, Alabama. His teaching responsibilities are focused in music composition, production, publishing and business.

Dixie Band Camp is happy to have Mr. Smith as guest clinician for the Sr. Camp Blue Band this summer.

DATES

Senior Camp—June 12-18, 2011

Junior Camp—June 19-24, 2011

FEES

ON Campus—Senior Camp \$295.00

Junior Camp \$295.00

ALL OFF Camp \$175.00

THIS YEAR ANY WOODWIND, BRASS OR PERCUSSION PLAYER WHO WAS A MEMBER OF EITHER YOUR ALL-STATE CONCERT BANDS OR JAZZ BAND WILL RECEIVE A SCHOLARSHIP TO "DIXIE" (\$245 ON CAMPUS - \$125 OFF CAMPUS). PLEASE SEND THE \$50.00 BALANCE WHEN YOU SUBMIT YOUR APPLICATION!

All ON-CAMPUS fees provide for tuition, room, meals, recreations, CAMP ANNUAL.

All OFF-CAMPUS fees provide for tuition, recreation, NOON MEAL, CAMP ANNUAL.

Note: All applications postmarked by June 1, 2011 will receive a **FREE T-SHIRT**.

All applications postmarked after June 1, 2011 will be assessed a \$25.00 LATE FEE.

ELIGIBILITY: JUNIOR CAMP—Students having completed grades five, six, seven, or eight and has completed six months of instrumental training. SENIOR CAMP—Any student having completed grades nine, ten, eleven, or twelve and who has completed one year of instrumental training.

ENROLLMENT: Enrollment will be limited to 750 students ON CAMPUS per week.

There is no limit to OFF CAMPUS enrollment.

RECREATION: Sports and social activities including dancing, swimming, and other entertaining features will be under the supervision of qualified directors.

FACULTY: Outstanding junior high, high school and college personnel.

HOUSING: Students are housed very close to all activities in air conditioned dormitories. The camp will not be responsible for the loss of personal items.

REGISTRATION: SENIOR CAMP SUNDAY, JUNE 12th, 9:30 a.m. until 12:30 p.m.

JUNIOR CAMP, SUNDAY, JUNE 19th, 8:00 a.m. until 12:30 p.m. Registration for both camps will be held in the SNOW FINE ARTS BUILDING on the campus of The University of Central Arkansas in Conway, Arkansas.

Additional information is available from:

Dixie Band Camp
Don Jones, Registrar
P.O. Box 19004
Jonesboro, AR 72403

Fax/Message Phone
(870) 933-9004
E-mail: dixie@suddenlink.net

Or visit our
WEBSITE on the INTERNET
www.dixiebandcamp.org

Complete & Mail with Deposit to

Dixie Band Camp
P.O. BOX 19004
JONESBORO, AR 72403

DIXIE BAND CAMP 2011 APPLICATION FORM

(Please print)

NAME _____ PARENT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ SEX _____ PHONE () _____

NAME OF SCHOOL _____ GRADE COMPLETED MAY 2010 _____

BAND DIRECTOR _____ PREVIOUS YRS. AT DIXIE _____

YEARS STUDIED _____ YOUR INSTRUMENT (Be specific) _____

T-shirt size (Circle one) S M L XL XXL (Adult Sizes Only)

Application deadline to receive a FREE T-SHIRT is June 1, 2011 (If no size indicated, you will receive Large)

| | | |
|------------------|--------------|--------------|
| CAMP (check one) | ON CAMPUS | OFF CAMPUS |
| () SENIOR CAMP | () \$295.00 | () \$175.00 |
| () JUNIOR CAMP | () \$295.00 | () \$175.00 |

ALL-STATE STUDENTS ONLY

(Circle one)

Concert Band Jazz Band

A minimum deposit of \$175.00 must accompany this form.

Make your check or money order payable to DIXIE BAND CAMP.

Camp Fee or Deposit Enclosed \$ _____

Optional \$15.00 (Wild River) Fee Enclosed \$ _____

Late Fee Enclosed \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Applications postmarked
after June 1, 2011
will be assessed a \$25.00
Late Registration Fee.

REQUIRED MEDICAL HISTORY & CONSENT FOR TREATMENT FOR CAMPS AT THE UNIVERSITY OF CENTRAL ARKANSAS

Camp child will be attending _____ Dates _____

Camper's Name _____ Age _____ DOB _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Address _____ State _____ Zip _____

Telephone _____ Cell Phone _____

EMERGENCY CONTACT- In case of Emergency, if parent cannot be reached, name of person to notify or to who we can release camper to in your absence. NAME _____ Telephone _____

CIRCLE ALL CONDITIONS CAMPER CURRENTLY HAS OR HAD IN PAST

Constipation Bed Wetting Sleepwalking Ear Problems Asthma Seizures Diabetes Bronchitis Frequent colds
Sinusitis Nausea Vomitting Eating disorder Heart problems Cancer Kidney problems Homesickness
Abdominal problems Menstrual problems Sore throat Other medical conditions: _____

ALLERGIES: Drug _____ Bee Stings _____ Latex _____

NAME OF CAMPER'S PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ MEMBER # _____

IMMUNIZATIONS: Last Tetanus Injection _____

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICATION CONSENT FORM

If medication consent form is not completed, medication will not be administered to the camper.

CURRENT MEDICATIONS WITH DOSAGE SCHEDULE: _____

MEDICATIONS CAMPER TAKES AS NEEDED, i.e. Tylenol, Ibuprofen, Midol, Tums, Benedryl, Claritin, Cough medication, Skin Creams: _____

REQUIRED PARENT/GUARDIAN CONSENT

I understand that I am giving consent for my child to receive treatment for minor illness and injuries as directed by the Advanced Practice Nurses in the Health Clinic. This medical history/medication consent form is correct as far as I know and I understand that both forms must be filled out **COMPLETELY** in order for my child to receive treatment at a UCA Camp. I understand that in case of an emergency, every effort will be made to contact a parent or guardian prior to treatment. However, if the parent or guardian cannot be reached and the situation requires immediate emergency attention as determined by the camp staff or by the clinic staff, I hereby authorize representatives of the camp to obtain emergency treatment for my child as deemed necessary. I **AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR TREATMENT OR REFERRAL OF THE MINOR CHILD.**

MEDICATIONS, PRESCRIPTIONS: Arkansas State Law requires parental authorization to administer any prescription medications brought by campers. Prescribed medications **MUST** be in original container with the pharmacy label showing number, patient name, date filled, physician name, name of medication and directions for use.

I authorize _____, my child; to take his/her own medication or the camp health care supervisor to administer to my child any prescribed medication being brought to camp.

NON-PRESCRIPTION MEDICINES: I authorize my child to take his/her own over-the-counter medications Yes No

I authorize the health care designee to administer the non-prescription medications as deemed necessary for the camper's comfort, as listed above.

Yes No

PARENTS SIGNATURE

AGREEMENT FOR ASSUMPTION FOR RISK & RELEASE INDIVIDUAL PARTICIPANT RELEASE

I, _____, THE UNDERSIGNED, BEING ALLOWED TO USE THE FACILITIES OF THE University of Central Arkansas (hereinafter "University") for activities related to Dixie Band Camp (hereinafter "the event"), on June 2011, do hereby release and forever discharge the University and Dixie Band Camp Inc., and all their officers, agents, employees, trustees, and/or successors in interest from and against any and all claims of damages, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation. Specifically, I release the University and Dixie Band Camp Inc., and all of their officers, agents, employees, trustees, and/or successors in interest, from any claims against them, which relates to my participation in activities related to the event while on the campus of the University or traveling to or from the event. I acknowledge for myself that I am the recipient of a privilege from the University and Dixie Band Camp. I understand that privilege is a tangible benefit to me. I also fully understand that my participation in activities related to the event at the University is voluntary and that I am not required to participate. I hereby attest and verify for myself that I have full knowledge of the risks involved in participation in the event at the University and assume those risks and will assume and pay my own medical expenses and emergency expenses in the event of an accident, illness, or other incapacity. I attest that I am physically fit and sufficiently trained to participate in the event at the University. Should injury or illness occur while on campus, I give my permission to receive treatment, if necessary, from UCA Student Health Services and/or a local Conway health-care provider at my expense.

I, for myself, accept full responsibility for any use of all facilities, including property of the University; and agree to make full restitution with regard to any compensation required as a result of my participation or use, misuses, damage, or negligence to such properties. It is my express intent that this Agreement for Assumption of Risk and Release shall bind my family and spouse, if I am alive, and my heirs, assigns or personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST THE ABOVE-NAMED RELEASEES. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in said activity. In signing this Agreement for Assumption of Risk and Release, I acknowledge and represent that I have read the foregoing and freely and voluntarily agree to its terms. I further acknowledge that no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made, and that I am at least eighteen (18) years of age and fully competent. In witness whereof, I have cause this Agreement For Assumption of Risk and Release to be executed

This _____ day of _____ 2011. **Student Signature**

***IF THE UNDERSIGNED IS A MINOR (UNDER 18 YEARS OF AGE), A PARENT OR LEGAL GUARDIAN MUST SIGN THE DOCUMENT BELOW.**

AGREEMENT FOR ASSUMPTION OF RISK & RELEASE OF PARENT OR LEGAL GUARDIAN FOR A MINOR

I, _____, Parent or Legal Guardian of, _____ acknowledge and represent that I have read the foregoing Agreement for Assumption of Risk and Release, and that I understand and sign it on behalf of my minor son/daughter or foster child, voluntarily as my own free act and deed. I further acknowledge that no oral representation, statement or inducements, apart from the foregoing written Agreement, have been made. It is my express intent that this Agreement for Assumption of Risk and Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns or personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST RELEASEES NAMED IN THE AGREEMENT FOR ASSUMPTION OF RISK AND RELEASE ATTACHED HERETO. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. In witness whereof, I have caused this Release of Parent or Legal Guardian for Minor to be executed this _____ day of _____ 2011. **Parent or Legal Guardian**

WILD RIVER COUNTRY INFORMATION & PERMISSION FORM

WILD RIVER COUNTRY has been tentatively scheduled again this year as an OPTIONAL night activity for the 2011 SENIOR & JUNIOR SESSIONS of camp. WILD RIVER COUNTRY is a water theme park located in North Little Rock. If you would like for your child to participate in this activity, the permission form below **MUST** be filled out and returned along with the \$15.00 admission fee. We will not be able to accept Wild River Country applications after 1:00pm on the first day of camp. A parent/guardian **MUST** sign the form. Students will be transported to and from WILD RIVER COUNTRY on school buses driven by licensed drivers. Participation in this activity is optional and alternate recreational activities will be provided for those who choose not to participate.

I GIVE PERMISSION FOR MY CHILD, _____ TO PARTICIPATE IN THE WILD RIVER COUNTRY ACTIVITY described above.

Parent/guardian Signature _____ Date _____ Amt Paid _____

Home Phone () _____ Father's Work Number () _____ Mother's Work Number () _____