

# Texas Southern University Ocean Of Soul Marching Band



## Summer Band, Auxiliaries, and Drum Major Camp Sunday, June 18<sup>th</sup> to Saturday, June 24<sup>th</sup>, 2017

Greetings!!!

Thank you for your interest in wanting to participate in the Ocean of Soul Marching Band Summer Camp. This Camp is open to middle and high school students (*grade 6 through 12*). Our camp will provide an excellent opportunity for campers to improve their musical skills on their chosen instrument, practice marching and dance techniques, perform with musicians and auxiliaries from other schools, get hands on experience from highly respected band directors, and participate in daily recreational activities. All camp activities will take place on campus. The last day of camp will end with a mass performance by all participating campers. We will also have an award ceremony.

Our camp will be staffed by band directors, alumni musicians, dance choreographer and current and former band students. Staff members will supervise all daily rehearsals and activities.

*Please download the camp application along with the health and consent form. Please complete all forms and return by mail. In-depth details regarding the summer camp will be distributed by way of email after receipt of all requested forms and camp deposit. Please mail information to*

Texas Southern University  
University Band Office  
3100 Cleburne Street  
Houston, Texas 77004

### Camp Workshops

**Instrumental Workshop:** Instructional music classes focusing on playing skills, full group rehearsal, sectional rehearsal, marching drills and movement.

**Auxiliaries Workshop:** Various dance and hip-hop routines movements, eight count dance techniques, stand routines and formation, baton twirling, flag techniques, glam and etiquette class.

Dance Squad      Flag /Color Guard      Twirlers      Majorette

**Drum Major Workshop:** Developing leadership skills, techniques on being musically proficient, fundamental for conducting and teaching, baton/mace technique.

## **Ocean of Soul Band Camp**

### **Registration Information**

**All campers must check in on Sunday, June 18, 2017 @ 1:00PM**

Mandatory: All camp participants (residents and commuters) must submit a complete Health and Consent form with the application.

### **CHECK-IN LOCATION**

Rollins Stewart Music Center is located at the corner of Ennis and Cleburne Street.  
Registration is required before checking into housing.

### **CAMP FEES PAYMENT**

Only Cashier Check and/or Money Order  
Made Payable to Texas Southern University Band  
**(No Refunds After June 12<sup>th</sup> 2017)**

### **CAMPERS RESIDING ON TSU CAMPUS**

**Registration Fee #325**  
**Fee includes breakfast, lunch, dinner and housing**  
**The band department will make all housing arrangements.**  
A non-refundable housing deposit fee of \$100.00 is due  
Wednesday, June 1, 2017. The remaining balance is due at registration

### **COMMUTER CAMPERS**

Registration Fee \$175.00  
Fee includes lunch and dinner  
A non-refundable camp deposit fee of \$25.00 is due with the camp application by June 1<sup>st</sup> 2017. The  
remaining balance is due at registration

### **CHAPERONES CAMPERS**

Chaperones who are accompanying groups residing on campus must contact the band office @  
713.313.7336 in advance for instructions and details.



TEXAS SOUTHERN UNIVERSITY

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

I, (printed name) permit and authorize Texas Southern University (the "University") and its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, a video and/or recording or other likeness of myself (hereinafter collectively referred to as "My Likeness") for purposes related to the educational mission of the University, including instructional and/or educational purposes, publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, e-mails, billboards, signs, brochures, placement on websites and/or electronic delivery, publication, display, or promotion on any and all other media, and I further understand that My Likeness may be subject to reasonable modification or editing. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness in accordance with this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness (hereinafter sometimes referred to simply as "this Authorization"). I waive any right to inspect or approve the finished product or material in which the University may eventually use My Likeness.

I relinquish and give the University all rights, title and interests in and to My Likeness, including any copyright therein. This Authorization shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization.

I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature Date Age (if minor)
Printed or typed name Phone
Address City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his behalf.

Signature Date
Printed or typed name Phone
Address City/State/Zip

Note: Modification of this Form requires approval by the Office of General Counsel.



**MEDICAL RELEASE AND WAIVER OF LIABILITY**

I give permission for my child to participate in this camp at facilities owned and operated by Texas Southern University (TSU). I acknowledge and accept that the camp may exposed my child to hazards and risks, including injury or death, and that TSU cannot control these risks. I acknowledge there will be physical activities and certify that my child is fit and capable of such participation. I understand that TSU is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that TSU does not provide medical insurance for me and my child. I certify that my child is covered by adequate insurance to cover any personal injury which he may sustain while participating in this camp.

**In consideration of TSU providing the opportunity for my child to participate in this camp, I release TSU, its Board of Regents, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during, or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue TSU, its Board of Regents, officers, employees, and representatives from liability for the injury or death of any person (s) or damages to property that may result from my child negligent or intentional act or omission while participating in the camp.**

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for TSU to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and TSU is not able to reach me or the emergency contact, I authorize TSU to sign all necessary papers and arrange for emergency treatment and hospital care.

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (if different than parent or guardian):  
\_\_\_\_\_

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



**MEDICAL INFORMATION & ADMINISTRATION**

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ft Weight: \_\_\_\_\_lbs

**Medical Information**

Does your child have any allergies? (Check all that apply)

None  Food  Medication  Environmental Please list and explain:  Anesthesia  other

\_\_\_\_\_

Do these allergy/allergies require monitoring for symptoms, take action if a reaction occurs or give emergency medication?

No  Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.

Please indicate any of the following that apply to your child:

- Any condition that may require special care, medication, or diet
- ADD or ADHD
- Asthma
- Seizures
- Heart trouble
- Contact lenses
- Diabetes
- Fainting spells
- Bleeding disorders
- Dentures
- Other

Is your child currently using any medication (prescription or over-the-counter), food supplement or medical food (such as electrolyte solution)?

No  Yes, please explain \_\_\_\_\_

**If yes**, does this need to be administered at the camp?

No  Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.



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CAMPUS PROGRAMS FOR MINORS

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**MEDICAL INFORMATION & ADMINISTRATION continued**

Date of last physical exam: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any history of hospitalization, outpatient surgery, or previous health condition that would be needed to assist the staff or medical personnel in an emergency situation:

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List any additional useful information, such as fears, eating or sleeping habits or special routines. This information should not be medical or health related, as that information should be above.

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Does your child have any additional restrictions?

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- I have reviewed the program and activities of the camp and feel my child can participate without restrictions.
- I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations. Please describe:

**Please attach a photo copy of current immunization record.**



TEXAS SOUTHERN UNIVERSITY

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Release and Indemnification Agreement for Minors

PARTICIPANT: (Name and Address)

Four horizontal lines for participant name and address.

INSTITUTION:

Texas Southern University
Dept: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

DESCRIPTION OF ACTIVITY OR TRIP: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

LOCATION: \_\_\_\_\_
\_\_\_\_\_

DATE(s): \_\_\_\_\_
\_\_\_\_\_

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that the Participant is physically able, with or without accommodation, to participate in the above-referenced Activity or Trip, is able to use the equipment and/or supplies associated with the Activity or Trip, and has obtained all required immunizations.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above-named institution, its governing board, officers, employees, and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.



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I understand and agree that Institution does not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Institution is granted permission to authorize emergency medical treatment, if necessary, and that such action by Institution shall be subject to the terms of this Agreement. I understand and agree that Institution assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Institution. I further agree to save and hold harmless, indemnify, and defend Institution from any claim by me or my family, arising out of my participation in the Activity or Trip.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Should Participant require emergency medical treatment as a result of accident or illness arising during the Activity or Trip, I consent to such treatment. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatments. I acknowledge that Institution does not provide health and accident insurance for participants in the Activity for Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Institution representatives in writing if Participant has medical conditions about which emergency medical personnel should be informed.





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I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed

Address (if different than Participant's)

Phone Number

[Note: To request disability accommodations for this Activity or Trip, please contact the Office of Disability Services at least 10 days in advance of Activity or Trip by calling (713) 313-4210 (voice); 866-581-9328 (TTY) or 800-628-5115.

Note: Modification of this Form requires approval by the Office of General Counsel.