



**June 25-28, 2024**

*University of Louisiana at Lafayette*



**Each year Drum Majors and Band Leaders from across Louisiana entering 8th through 12th grade have the opportunity to attend Lafayette Music Drum Major Camp, where they learn leadership, conducting & marching skills. Campers not only gain the invaluable skills of being an effective leader, teacher and conductor, but they create memories and form friendships to last a lifetime.**

*We'd love for you to join our Lafayette Music Drum Major family.*

**Lafayette Music Drum Major Camp strives to prepare drum majors and band leaders to become effective leaders, teachers and conductors.**

Since 2005, we've educated over 950 drum majors and band leaders from around the state. Lafayette Music Drum Major Camp primarily focuses on the study of leadership, conducting and marching/field skills.

We believe that drum majors should lead their band with confidence. We will cover the attitude, responsibilities and characteristics of a great leader and reinforce these ideals with group activities throughout camp. It is our philosophy that with the right attitude and mindset, anyone can and will be a great leader.

We also believe that drum majors should conduct their band. To accomplish this, we will teach

students basic time patterns, dynamics and cues, and expand our conducting sessions to cover rhythms, styles and releases. Participants will be exposed to a variety of different conducting "looks" so that they can hone into their own personal conducting style. They will also have many opportunities to conduct in front of a live band, comprised of their peers, which will strengthen their skills and confidence.

Finally, marching and other field techniques are also essential components of a successful drum major. Students will work in squads, and skills covered will include fundamentals, vocal and whistle commands, and salutes.

## HERE'S WHAT PAST PARTICIPANTS ARE SAYING

*"This camp was one of the best experiences of my life. I learned not only to conduct better, but also how to be a great leader. The instructors are nothing short of amazing. It feels like I have a second family here."*

*"This is a great place to help yourself improve as a person, drum major, and leader."*

*"The family atmosphere is just fantastic. What I learned will go with me everywhere I go."*

*"If you truly want to be the best drum major you can be, this is the camp for you!"*

## TUITION

**\$400.00**

*Deposit of \$200 due with application or pay in full. Remaining balances to be paid by June 21, 2024.*

## MAKE CHECKS PAYABLE TO LAFAYETTE MUSIC CAMP

## MAIL TO

**3700 JOHNSTON STREET, LAFAYETTE, LOUISIANA 70503**

*Upon receipt of your deposit and application, we will email a camp packet to you. The camp packet includes camp policies, a list of supplies, a map with directions to the camp and other important information. Students will be housed in air-conditioned dorms and under counselor supervision. All activities are conducted and supervised by certified band directors and other qualified instructors.*

## REFUND POLICY

**NO REFUNDS WILL BE MADE AFTER RECEIPT OF CAMP APPLICATION.**

## QUESTIONS & MORE INFORMATION

**337.984.3700 | [www.lafayettmusiccamp.com](http://www.lafayettmusiccamp.com) | [info@lafayettmusiccamp.com](mailto:info@lafayettmusiccamp.com)**

# APPLICATION & REGISTRATION

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F Shirt Size (Adult): S / M / L / XL / XXL

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Years in Band: \_\_\_\_\_ Marching Instrument: \_\_\_\_\_

Band Director: \_\_\_\_\_

Band Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

HomePhone: \_\_\_\_\_ CellPhone: \_\_\_\_\_ Email: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Please attach a photocopy of both sides of the insurance card.  
If you do not have medical insurance, please note "none" above.*

*In case of emergency, notify the person below:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## **Informed Consent, Release Agreement, and Authorization**

I understand that participation in Lafayette Music Drum Major Camp activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from Lafayette Music Drum Major Camp. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Lafayette Music Drum Major Camp volunteers or professionals who need to know of medical conditions that may require special consideration in conducting camp activities. With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Lafayette Music Camp, Inc., the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to Lafayette Music Camp, Inc., as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Lafayette Music Drum Major Camp activities, and I hereby release Lafayette Music Camp, Inc., the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Lafayette Music Camp, Inc., and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, Lafayette Music Drum Major Camp cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:  None \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all Lafayette Music Drum Major Camp activities described, except as specifically noted.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I promise to obey the rules and regulations at the Lafayette Music Drum Major Camp and will cooperate with the staff, teachers and fellow campers. If I do not follow these rules, I realize that I might be returned home without refund.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **HEALTH HISTORY**

Do you currently have or have you ever been treated for any of the following?

Yes No Condition

Yes No Condition

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Diabetes   | <input type="checkbox"/> <input type="checkbox"/> Head injury/concussion                              |
| <input type="checkbox"/> <input type="checkbox"/> Hypertension (high blood pressure)   | <input type="checkbox"/> <input type="checkbox"/> Psychiatric/psychological or emotional difficulties |
| <input type="checkbox"/> <input type="checkbox"/> Adult or congenital heart disease/heart attack/<br>chest pain(angina)/heart murmur/coronary artery<br>disease. Any heart surgery or procedure. | <input type="checkbox"/> <input type="checkbox"/> Behavioral/neurological disorders                   |
| <input type="checkbox"/> <input type="checkbox"/> Family history of heart disease or any sudden heart<br>related death of a family member before age 50.   | <input type="checkbox"/> <input type="checkbox"/> Blood disorders/sickle cell disease                 |
| <input type="checkbox"/> <input type="checkbox"/> Stroke/TIA   | <input type="checkbox"/> <input type="checkbox"/> Fainting spells and dizziness                       |
| <input type="checkbox"/> <input type="checkbox"/> Asthma/Last attack date: _____   | <input type="checkbox"/> <input type="checkbox"/> Kidney disease                                      |
| <input type="checkbox"/> <input type="checkbox"/> Lung/respiratory disease/COPD  | <input type="checkbox"/> <input type="checkbox"/> Seizures/Last seizure date: _____                   |
| <input type="checkbox"/> <input type="checkbox"/> Ear/eyes/nose/sinus problems   | <input type="checkbox"/> <input type="checkbox"/> Abdominal/stomach/digestive problems                |
| <input type="checkbox"/> <input type="checkbox"/> Muscular/skeletal condition/muscle or bone issues  | <input type="checkbox"/> <input type="checkbox"/> Thyroid disease                                     |
|  | <input type="checkbox"/> <input type="checkbox"/> Excessive fatigue                                   |
|  | <input type="checkbox"/> <input type="checkbox"/> Obstructive sleep apnea/sleep disorders/CPAP        |
|  | <input type="checkbox"/> <input type="checkbox"/> Surgeries/Hospitalizations                          |

Explain any "Yes" answers or any other medical conditions not covered above: \_\_\_\_\_

### **ALLERGIES/MEDICATIONS**

Youth has NO KNOWN allergies.  Youth is NOT currently taking any medications.

Circle any known allergies: Medication/Plants/Food/Insect Bites/Stings? Explain: \_\_\_\_\_

List all medications currently used, including any over-the-counter medications (Medication/Dose/Frequency/Reason)

Yes/No Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by Parent/Guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.*

DO NOT WRITE IN THIS BOX // FOR CAMP ADMINISTRATORS USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Further approval required: Yes/No Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_