

UMSL | Music

University of Missouri–St. Louis

Student Registration form *UMSL Junior Honors Band 2016*

| | |
|-------------|--|
| Name: | |
| Instrument: | |
| School: | |

CONTACT INFORMATION

| | |
|----------|--|
| Address: | |
| City: | |
| State: | |
| Zip: | |

Gender: (circle one) MALE FEMALE

Please indicate your T-shirt size: _____

EMERGENCY INFORMATION

| | |
|--------------------------|--|
| Parent/Guardian Name: | |
| Home Phone: | |
| Cell Phone: | |
| Work Phone: | |
| Emergency Contact Phone: | |

ALLERGIES/MEDICAL/INFORMATION:

Please list any known food/drug allergies of dietary concerns:

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

INSURANCE INFORMATION & AUTHORIZATION FOR MEDICAL TREATMENT

| | |
|----------------------|--|
| Insurance company: | |
| Insured Name | |
| Employer: | |
| ID#: | |
| Group/Policy Number: | |

In the event of an emergency or need for medical treatment, I hereby give my consent, and/or authorize the University of Missouri-St. Louis to provide medical services for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, which may be deemed desirable. Medical services are approved for my child during his/her ensuing stay throughout the UMSL Junior Honors Band, December 5 & 7, 2016. I also understand that I am responsible for any and all medical expenses incurred during treatment.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT AGREEMENT

I accept this invitation to participate in the 2016 UMSL Junior Honors Band. As a representative of my school, I promise to conduct myself in a respectful and courteous manner. I will be prompt and in attendance for all portions of the event as listed on the itinerary. I understand that any unacceptable behavior on my part will result in my dismissal from the Honors Band. I also understand that the University of Missouri-St. Louis will not be held responsible for any injury, theft or other unforeseen circumstance during this event.

STUDENT SIGNATURE _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARKING PERMIT:

If you will be driving yourself to campus you will need to display a UMSL Visitor's Parking Permit. We will furnish this and distribute on Monday, December 5. Please indicate that you will need a parking permit:

_____ YES, Please order one parking permit.

_____ NO, thank you, I will not be driving to UMSL.

This registration form is due by November 28, 2016

Please mail to the address below or scan and e-mail to: brandesg@umsl.edu

Gary W. Brandes
UMSL Music
209 Music Building
One University Blvd.
St. Louis, MO 63121