MEDICAL EXAMINATION

ALL BAND MEMBERS are required to have a physical examination by the doctor of your choice before you will be allowed to attend band rehearsals or perform with the band. No physical exams will be given on campus. Failure to submit the signed medical form (see form on line) by the first meeting will place your band scholarship in jeopardy (the waiting list for band scholarships is extensive) and you will be unable to participate in band activities until you have completed the physical exam.

UNIVERSITY HOUSING

No band members will be allowed to move into university housing before **Friday, August 14, 2015**.

Please adhere to band check-in procedures. Please access the University Housing web page (http://www.tsu.edu/student/housing/index.asp) for all university housing updates and procedures. Failure to submit housing information in a timely manner will cause the following to occur: 1) a delay in obtaining housing 2) being placed on a waiting list for housing 3) a time-consuming and somewhat expensive search for alternative housing. Please be sure to submit your application, DEPOSIT and appropriate move-in fee as soon as possible to reserve your room. If you have not applied yet, please contact University Housing for a full application packet at (713) 313-7206. Second through fourth year band students are required to report to rehearsal on Sunday, August 9th and check into your preferred housing between 10:00 AM and 4:00 PM. You may also contact Edwin Rose at 713-313-7360 about any housing issues related to university band. **You must have applications and deposits on file with University Housing and apartment offices before you check into your room.** Also, it is imperative that you let us know where you will reside on the “Band Camp Registration” form.

POLICY ON HAZING

There is no form of hazing allowed in the Texas Southern University band program. Anyone found to be involved in a case of hazing will be dismissed from the band program. No band member has the authority to threaten another member's status in the band.

Along with being in good standing with the University, the audition process is the only formality that is required for membership to the band. The directors will administer all training programs.

UNIVERSITY POLICY ON HAZING

(Section 4.13, Student Code of Conduct)

Hazing- any initiation act that produces or is likely to produce mental or physical anguish or harm, or which demeans, disgraces or degrades a student. The persons involved, and the organization they represent, will be sanctioned for this violation.
On Friday, **August 14, 2015 at 6:00 PM**, section leaders, drum major candidates, all freshmen, transfer and 1st year band students must report to the band room (in the Rollins-Stewart Music Building) for a general briefing. Returning band students (old heads) will report to the band room on Monday, August 10th at 6:00 PM. We will attend church as a group on **August 16th** with the appropriate attire.

On **Friday, August 14th**, all freshmen band students with university housing assignments will check into University Housing (your choice) between the hours of 9:00am and 5:00pm. Please adjust your travel schedule to check in at this time. KKΨ, TBΣ, PMA and section leaders, we will need your assistance with the check-in process. KKΨ, TBΣ and PMA please see Prof. Rose, Singleton and Gibson for assignments. ALL BAND MEMBERS WHO WILL BE LIVING IN UNIVERSITY HOUSING (Lanier West & East Dormitory, Courtyard/Tierwester Oaks I, II, III & UAV) MUST MAKE ARRANGEMENTS including DEPOSIT & APPLICATION, PRIOR TO YOUR ARRIVAL TO CAMPUS. Please contact the appropriate housing personnel for application packets, guidelines and assistance. See [http://www.tsu.edu/About/Administration/campus-services-and-operations/residential-life-and-housing/default.php](http://www.tsu.edu/About/Administration/campus-services-and-operations/residential-life-and-housing/default.php) or you may call the Residential Life and Housing Office at 713-313-7206.

<table>
<thead>
<tr>
<th>ALL BAND MEMBERS ARE REQUIRED TO ENROLL IN UNIVERSITY BAND</th>
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</thead>
<tbody>
<tr>
<td>Trumpet, Mellophones and Woodwinds</td>
</tr>
<tr>
<td>Percussion and Auxiliary</td>
</tr>
<tr>
<td>Low Brass</td>
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</tbody>
</table>

Failure to register for band may affect your band grant and travel with University Band.

Please return the enclosed band camp forms immediately!!! We must receive all band camp registration forms by **July 15, 2015** so that we may prepare for your arrival. The University Band will provide meals from August 3-14, 2015 for band students who show evidence of having ordered the university meal plan. **Those students for whom we have not received Band Camp Registration by July 15, 2015 will experience difficulties with room and board.** Please contact Mr. Edwin Rose, Assistant Band Director or Ms. Michelle Roach, Graduate Teaching Assistant at 713-313-7336, if you need additional information concerning band camp.

All freshmen who have a minimum of a 3.5 grade point average, graduating in the top 10% of your class or have a minimum of one thousand three hundred fifty (1350) SAT or twenty three (23) ACT scores should contact Mrs. Linda Coach-Riley in the Honors College Office at (713) 313-7458. You may be eligible for a substantial academic scholarship.

Check out the band performance schedule. This year is going to be a good one! Enjoy the rest of your summer and come prepared to have a lot of fun.

Please see [www.tsu.edu/bands](http://www.tsu.edu/bands) for online information and updates.
Frequently Asked Questions about “Ocean of Soul” Band Camp

• **How do I know if I have a Band Scholarship?**

  You will receive a document via US postal service entitled “Band Financial Assistance Agreement” stating the amount you will receive.

• **How do I apply for a Band Grant?**

  You must audition in person, Skype, or by video tape. Please see the band website at [www.tsu.edu/bands](http://www.tsu.edu/bands) for audition requirements.

• **What is a Band Financial Assistance Agreement Form?**

  It is acknowledgement of the amount of financial assistance being recommended for your performance in University Band.

• **If I am trying out for Majorette, Color Guard or Twirler do I still need to return my Band Camp information by July 15, even if I don't know if I will make it?**

  YES! - http://www.tsu.edu/bands/auxiliarymain.php

• **How can I be physically fit for band camp?**

  Follow the suggestions on the physical fitness preparation guide on our website.
T# ____________________________

NAME: ____________________________

SOCIAL SECURITY #: ____________________________ DATE OF BIRTH: ____________________________

MAILING ADDRESS: ____________________________ Street ____________________________ City, State ____________________________ Zip

PRIMARY PHONE: ( ) ____________________________ ALT. PHONE ( ) ____________________________

☐ Home  ☐ Cell

☐ Asthma  ☐ Seizures  ☐ Diabetes  ☐ Infections  ☐ Anemia  ☐ Allergies
☐ High Blood Pressure  ☐ Irregular Heart Beat  ☐ Heart Murmur

Other/Medications/Procedures _________________________________________________

IN CASE OF AN EMERGENCY PLEASE CONTACT/NOTIFY THE FOLLOWING: [LIST TWO (2) PEOPLE]

Primary: ____________________________

NAME: ____________________________

RELATIONSHIP TO ME: ____________________________

ADDRESS: ____________________________ Street ____________________________ City, State ____________________________ Zip

PRIMARY PHONE: ( ) ____________________________ ALT. PHONE ( ) ____________________________

☐ Home  ☐ Work  ☐ Cell

Secondary: ____________________________

NAME: ____________________________

RELATIONSHIP TO ME: ____________________________

ADDRESS: ____________________________ Street ____________________________ City, State ____________________________ Zip

PRIMARY PHONE: ( ) ____________________________ ALT. PHONE ( ) ____________________________

☐ Home  ☐ Work  ☐ Cell

☐ Home  ☐ Work  ☐ Cell

INSTRUMENT: ____________________________ or AUXILIARY: ____________________________

__________________________________________

Student Signature Date

__________________________________________

Parents Signature Date
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT
FOR
TEXAS SOUTHERN UNIVERSITY

In consideration for receiving permission to participate in the University Band, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Texas Southern University, The Board of Regents, The State of Texas. Their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me. WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks and hazards connected with this activity, including but not limited to travel risks and/or physical activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to my property and me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

I understand that Texas Southern University does not maintain any insurance policy, other than fleet insurance coverage, covering any circumstances arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO USE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this ______________________ day of____________________, 2015

PARTICIPANT

Printed Name: ___________________________________ Signature: ___________________________________

If Participant is under the age of 18, Parent/Guardian consents to the minor’s participation in the event, consents for Texas Southern University to seek reasonable and necessary medical treatment for participants during such event or associated activities, and agrees to be responsible for any cost such treatment.

__________________________________________ ______________________
Parent/Guardian Signature Date
TEXAS SOUTHERN UNIVERSITY
DEPARTMENT OF MUSIC
“Ocean of Soul” BAND CAMP 2015
MEDICAL HISTORY FORM FOR TREATMENT OF MINORS

Last Name ___________________________ First Name ___________________________ Middle Initial _______

Date of Birth __________________ Place of Birth ________________________________ Sex: M  F

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name ____________________________________________________________

Relationship _______________________________________________________

His/Her Address ______________________________________________________

City ___________________________ State ______ Zip __________ Phone # ___________

ALLERGIES TO MEDICATION OTHER SUBSTANCES? Yes No

Penicillin  Sulfa  Aspirin Insect Stings  Other (explain below)

Please list other medications taken on a regular basis: ______________________________

MEDICAL HISTORY: Please check if you have, or have had, any of the diseases or conditions listed below:

- Frequent Headaches
- Rubella
- Cancer
- Urinary Tract Infection
- Seizures
- Measles
- Anemia
- Asthma
- Eye Problems
- Mumps
- Hepatitis
- High Blood Pressure
- Ear Problems
- Polio
- Arthritis
- Hives
- Thyroid Problem
- Chicken Pox
- Diabetes
- Heart Problems
- Malaria
- Ulcer
- Depression
- Alcohol Problem
- Frequent Cough, Cold
- Tuberculosis
- Pneumonia
- Sore Throat
- Drug Problem
- Other (specify):

Permanent disabilities
(Describe/date): _________________________________

Serious illness/injuries or operation
(Describe/date): _________________________________
IMMUNIZATIONS: (please indicate date of your last immunization)

_______Mumps  _______Polio  _______Diphtheria/Tetanus
_______Measles  _______Rubella  _______Meningitis (Required – 2006 or later)

_______Other (specify) __________________________________________________________

Date of last TB test: __________________________ POSITIVE  NEGATIVE

I certify that _______________________________ is medically cleared to participate in marching band which includes aerobic and outdoor activity.

_________________________________________  _________________________________  
Physician’s Name (Please print)  Physician’s Signature  Date

AUTHORIZATION FOR MEDICAL PROCEDURES: Permission is hereby granted to the University Health Center to administer recommended immunization upon request or to carry out emergency medical treatment. Permission is also granted to the University Health Center or Band to refer to another licensed physician for necessary emergency treatment.

Date ______________ Signature of Parent or Guardian ___________________________________

PARENTAL CONSENT FOR TREATMENT OF MINORS

I, the undersigned, as the parent or legal guardian of a minor child, hereby authorize the physicians. And their associates of the Texas Southern University Student Health Center to perform such diagnostic medical and/or surgical treatment on my child as may be deemed medically necessary in Order to assure the safety of my child. I understand that my child will be transported to a local hospital if the University Health Center determines it is unable to fully/properly treat the injury. I also understand that I, the undersigned, am fully responsible for payment of all services related to the treatment of my child’s injuries.

Date ______________ Signature of Parent or Guardian ___________________________________

Insurance Company __________________________ Group (plan) # ______________ Policy# _________

Child’s doctor’s name _______________________________ Phone # (___) ______________

The child has parental permission to engage in swimming activities during the Ocean Camp:
Yes  No  

(Lifeguards will be present at all swimming activities)

Mail to:  Texas Southern University
Department of Music
3100 Cleburne Avenue Box 1930
Houston, TX 77004

PLEASE COMPLETE THIS FORM AND MAIL WITH YOUR REGISTRATION FORM!!!
BAND CAMP REGISTRATION FORM

____ I WILL ATTEND BAND CAMP

____ *I WILL NOT ATTEND BAND CAMP. Please give reason(s):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

HOUSING FOR THE FALL: Please be aware that if this information is not turned in by the proper due date your name will NOT be placed on the list for early admittance for band housing. Also, all housing will only be available provided that you have met the housing requirements, i.e. (Housing Application, Deposit, Registration, Financial Aid etc.)

My housing assignment for the Fall Semester is as follows

____ Lanier East Dormitory (Freshmen Males)
____ Lanier West Dormitory (Freshmen Females)
____ Urban Academic Village
____ University Courtyard/Tierwester Oaks Apartments I, II, III
____ Off-Campus Housing

*Please be aware that absence from band camp may affect your band scholarship and band participation status.

Name: ___________________________ Instrument/Auxiliary: ___________________________

E-mail address: ___________________________ T-Shirt Size: __________

Cell Phone #: ______________________________ Cell Provider: ___________________________[Ex: AT&T, Sprint, T-Mobile, etc.]

☐ FRESHMEN/FIRST TIME/TRANSFER

☐ RETURNING STUDENTS – Which years were you in the “Ocean of Soul”: Please list all years applicable (Example 2011, 2012, 2013, etc.)

_____________________________________________________________________

E-mail address: ___________________________ T-Shirt Size: __________

Cell Phone #: ______________________________ Cell Provider: ___________________________[Ex: AT&T, Sprint, T-Mobile, etc.]

☐ FRESHMEN/FIRST TIME/TRANSFER

☐ RETURNING STUDENTS – Which years were you in the “Ocean of Soul”: Please list all years applicable (Example 2011, 2012, 2013, etc.)

_____________________________________________________________________