



Masonic All-Star Marching Band Camp

May 30 – June 3, 2017

STUDENT REGISTRATION

My picture was:

Emailed to michelle@GLNE.org

Mailed to the Grand Lodge on _____

INSTRUCTIONS: Fill out all required fields on all three pages. At the end of the third page, you will be able to print the forms for your records, then Save the file and Submit the file via email.

Name: _____ Age: _____
(Name as you would like it printed on your ID badge)

High School: _____ Date of Birth: _____

Instrument: _____ Grade in Fall 2017: Soph Jr Sr

I will I will not Have a vehicle on campus during Band Clinic.

I'm a member of DeMolay Job's Rainbow / I would like information about Masonic Youth groups

Parents or guardians information to be used in case of emergency:

Name(s): _____

Email: _____ Home Phone: _____

Mom Cell: _____ Mom Work: _____

Dad Cell: _____ Dad Work: _____

Best Phone Number: _____

Any specific roommate requested at Band Clinic (only 2 students per room):

Name: _____ School or city: _____

Parent Acknowledgement

I understand that the Grand Lodge of Nebraska and its appendant bodies are affording this opportunity to my son/daughter at no cost. I also understand that I, as the parent, and my son or daughter, are committing to his/her attendance. I agree that if for any reason my son/daughter will be unable to attend band camp, I will notify the Grand Lodge Office immediately. If I am unable to do so prior to May 15, 2017, I understand that I will be billed for the cost of registration - \$275.00, and agree to pay the same, as it will be too late to find another student to take his/her place at camp.

Parents: By checking this box, I adopt the following as my electronic signature and agree that such electronic signature is the legal equivalent of my manual signature on this agreement, and consent to an electronic transmission of this release as if it was delivered in paper form.

Parent Signature

Student Agreement to Follow Rules

I have read and understand the Band Clinic Rules and Fact Sheet covering the Masonic All-Star Marching Band Clinic and will abide by them. I understand that failure on my part to comply with all rules can result in being sent home early.

Students: By checking this box, I adopt the following as my electronic signature and agree that such electronic signature is the legal equivalent of my manual signature on this agreement, and consent to an electronic transmission of this release as if it was delivered in paper form.

Student Signature

MASONIC ALL-STAR MARCHING BAND CLINIC

May 30-June 3, 2017 – University of Nebraska-Kearney

MEDICAL RECORD AND CONSENT FOR MEDICAL TREATMENT

Please Complete All Information

Student Last Name	First Name	Middle Initial
Permanent Street Address	City/State	Zip Code
Date of Birth	Gender Male Female	
Parent/Guardian Name	Telephone (Home Work Cell)	Alternate Number (Home Work Cell)
Street Address (if different from above)	City/State	Zip
Name of Primary Care Physician	Address/City/State/Zip	Telephone

INSURANCE and POLICYHOLDER INFORMATION:

Charges for services are the responsibility of the patient and/or parent/guardian and are due at the time of service.

Insurance Company Name	Street Address	City/State/Zip
Policy Holder Full Name	Address	City/State/Zip
Date of Birth	Policy ID #	Group/Plan ID #

Please provide the following information concerning the minor:

Allergies, including Medications & Food Allergies	Medications Presently Taking	Chronic Illness/Injuries/Disabilities/Other Health Information

Please check if you have or had any of the following:

<input type="checkbox"/> Measles	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Fainting Spells

Explain any selected items:

AUTHORIZATION:

I grant my permission to the director, assistants, or chaperones of the Masonic All-Star Marching Band Camp to act on my behalf for my minor child, _____, in granting permission for the evaluation or treatment of minor medical problems.

I understand that should a major medical problem arise, I will be notified by telephone. In the event I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including x-ray examinations and anesthesia, to be rendered to said minor child, by a licensed physician or physicians.

I also consent to the use or disclosure of protected health information by the University Health Center or any other medical care provider or facility (Health Care Provider) for the purpose of analyzing, diagnosing, and providing treatment to said minor child, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original.

I authorize my insurance benefits to be paid directly to the Health Care Provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Health Care Provider has taken action in reliance on this consent.

This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

By checking this box, I adopt the following as my electronic signature and agree that such electronic signature is the legal equivalent of my manual signature on this agreement, and consent to an electronic transmission of this release as if it was delivered in paper form.

Parent/Guardian: _____ **Date:** _____

MASONIC ALL-STAR MARCHING BAND CLINIC

MEDIA RELEASE FORM

I, _____, the parent/guardian of _____, grant permission to the Grand Lodge of Nebraska and its subordinates to use my child's name and/or photographs or videos for use in print publications and other print media, and electronic media, including, but not limited to, the use of online social media and web sites. I also grant permission to the Grand Lodge of Nebraska to send a news release including my child's name and picture to the newspaper indicated below.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph or video productions.

I hereby agree to release, defend, and hold harmless the Grand Lodge of Nebraska and its subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs or video productions, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I certify that I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

By checking this box, I adopt the following as my electronic signature and agree that such electronic signature is the legal equivalent of my manual signature on this agreement, and consent to an electronic transmission of this release as if it was delivered in paper form.

Parent/Guardian Signature

Dated: _____

PLEASE INDICATE THE **EXACT WAY YOU WANT THE PARENTS/GUARDIANS AND STUDENT NAME TO APPEAR** IN THE NEWS RELEASE:

Student's Name: _____

Parents' Names: _____

School: _____ Home City/Town: _____

Name of Local Newspaper: _____

Forms Due Date: May 1, 2017

All required fields shown in red must be filled out before submitting.

1. If desired, print the file for your records using the button below.
2. Click on Save & Submit Via Email. Save the file to your computer in this format: **LastName, FirstName**.
3. Then follow the prompts to send the file via email.

If you have any problems or questions, please call

Michelle Fulmer at 402-475-4640, or email michelle@GLNE.org