



Please check here if you will be attending as a Day Student Only!

OVERNIGHT STUDENTS enclose \$245.00 DEPOSIT; BALANCE of \$100.00 due upon camp arrival. DAY STUDENTS enclose \$75.00 DEPOSIT; BALANCE OF \$100.00 due upon camp arrival. Mail deposit to: Penny Janowski, 316 Velma Dr., Largo, FL 33770. DEADLINE for deposit is May 25, 2012. Late fee of \$25 after May 25, 2012 Please mail entry early.

NO PERSONAL CHECKS WILL BE ACCEPTED.
CASHIER'S CHECK, MONEY ORDERS or CASH ONLY
(School & Band Parent Association Checks accepted - Make checks to Penny Janowski.)

CAMP REGISTRATION FORM

CAMP DATE - June 10- 13, 2012

* SELECT ONLY ONE TRACK *

Leadership Drum Major
Auxiliary Percussion

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SEX _____ AGE _____ HOME PHONE _____

SCHOOL _____ GRADE Next Fall 2012 _____

STUDENT CELL _____ PARENTS CELL _____

STUDENT EMAIL _____ ROOMMATE PREFERENCE _____

Print Clearly

1 Person Only

Leadership Camp

All Leadership Campers bring instrument
List Instrument _____

Drum Major Camp

Drum Major curriculum does not allow time for students to play instruments.

Auxiliary Camp

Circle area of interest:

FLAG RIFLE SABRE DANCE
(Bring equipment for your area of interest)

Percussion Camp

List drum type you will bring to camp _____

PARENT'S SIGNATURE

PARENT'S PERMISSION TO SWIM: YES NO

PLEASE NOTE: No refunds given once application has been processed. It is understood that camp participants will NOT hold Eckerd College, Camp Director, or camp personnel responsible for any loss of personal articles or any accident which may occur at camp. All activities will be adequately supervised and due precautions will be taken.




PENNY JANOWSKI
316 Velma Drive
Largo, FL 33770
727-584-6952
Email: JimJ316@aol.com
www.PennysBandCamp.com








ECKERD COLLEGE / ST. PETERSBURG

Please bring this COMPLETED MEDICAL FORM to camp registration.

STUDENT HEALTH HISTORY

STUDENT'S NAME: _____ MALE _____ FEMALE _____
DATE OF BIRTH: ___/___/___ PHONE: _____ SCHOOL: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PARENT or LEGAL GUARDIAN:
(Last) _____ (First) _____ (MI) _____ PHONE: _____
RELATIVE or OTHER RESPONSIBLE PARTY:
(Last) _____ (First) _____ (MI) _____ PHONE: _____
BUSINESS PHONE NUMBERS: (Mother) _____ (Father) _____
HEALTH HISTORY: (Please give dates where known)
SURGERY: _____
SERIOUS CHRONIC ILLNESS: _____
REACTION TO INSECT STINGS/BITES: (Identify) _____
DIABETIC: (Yes) _____ (No) _____ PRONE TO MOTION SICKNESS: (Yes) _____ No (____)
LAST TETANUS INJECTION: _____
SPECIAL HEALTH PROBLEMS: _____ (continue on back if needed)
ALLERGY TO DRUGS: (Specify i.e. Penicillin, Insulin, etc.) _____
PRESENT MEDICAL TREATMENT: (Yes) _____ (No) _____ If Yes, explain _____

FAMILY PHYSICIAN: _____ PHONE: _____
INSURED BY: _____ PHONE: _____

I/We the parent(s) guardian(s) of the above named individual do give my permission to the Camp Nurse and/or other persons of authority to administer first aid to the above named individual.
I/We also give permission to have the above named individual transported by ambulance, police, or private vehicle to a hospital or doctor's office if deemed necessary.
I/We do hereby authorize the immediate treatment of the above named individual by a licensed doctor and/or hospital to the extent deemed necessary by such doctor and/or hospital.
I/We agree to hold harmless the camp, Eckerd College, and other persons of authority participating in the medical treatment of the above named individual.
I/We guarantee payment of all expenses and charges associated with such medical treatment including physician, hospital, laboratory, medication, transportation, etc.

SIGNATURE: _____ DATE: _____
(Parent or Legal Guardian)