



Winter School 2010

Tenor Drumming Five-Day Registration Form

All registrations must be received by January 2, 2010

Student's Last Name:

First Name:

Address:

Zip/Postal Code:

Phone:

Cell Phone:

Email:

Will you be attending the MSA Concert in Seattle on Friday, February 5th? Yes No
 Student concert ticket is INCLUDED in registration fee but not refundable if unable to attend.

Instrument Class Information

Beginner Grade 2 Grade 1
 Pipe Band Affiliation: If drum rental is available I would be interested Yes No

Lodging and Meal Information

For lodging purposes: Female Male Single Room Roommate Request
(Additional fee)
 Age: 6-11 years 12-16 17 years 18-20 21 or older

Physical disabilities that require special accommodations? Yes No
 Comments:

Will you require visitor lodging for an accompanying adult (includes meals & room)? Yes No
 Students under the age of 16 must be accompanied by an adult on campus. One adult may be responsible for more than one student.

Complete only if staying off-campus and purchasing meals at Seabeck, indicate meals and dates desired.
 Enter the total meal costs under *Purchased Meals Total* in the payment section on following page.

<u>Meal</u>	<u>Cost</u>	<u>Dates</u>
Breakfast	\$8 each	Breakfast not provided 2/6 <input type="checkbox"/> 2/7 <input type="checkbox"/> 2/8 <input type="checkbox"/> 2/9 <input type="checkbox"/> 2/10 <input type="checkbox"/>
Lunch	\$10 each	<input type="checkbox"/> 2/6 <input type="checkbox"/> 2/7 <input type="checkbox"/> 2/8 <input type="checkbox"/> 2/9 <input type="checkbox"/> 2/10 <input type="checkbox"/>
Dinner	\$12 each	<input type="checkbox"/> 2/6 <input type="checkbox"/> 2/7 <input type="checkbox"/> 2/8 <input type="checkbox"/> 2/9 <input type="checkbox"/> Dinner not provided 2/10 <input type="checkbox"/>

Special dietary request: No red meat Vegetarian Vegan
 Other (include any and all food allergies):

Scholarship Information

Please complete this section only if applicable include donor's contact information.

I have received a Winter School Scholarship in the amount of \$
 from: CAF Other (specify):

Payment Information

Full Drumming Program February 6-10 (Includes instruction, lodging and meals)	<u>US - \$</u> \$845	\$
Instruction ONLY February 6-10 (Does NOT include lodging or meals)	\$545	\$
Additional concert tickets Qty: @ (Student's guest(s) will sit in student section)	\$ 25 each	\$
Single Room Accommodation (Highly recommended for students that snore or require privacy)	\$ 25 per day	\$
Visitor lodging with meals for accompanying adult	\$ 91 per day	\$
Transportation (Saturday, 2/6 - Seattle to Seabeck, Wednesday, 2/10 - Seabeck to SeaTac airport) Transportation will depart from Seabeck by 1:30 pm on 2/10 and arrives at SeaTac airport at 4pm –book return flight accordingly.	\$ 90	\$
Purchased meals total (Only applies if staying off-campus see previous page)	varies	\$

Merchandise:

Sweatshirts - \$30 each (Youth Large, Adult Small, Medium, Large, XL, XXL, XXXL) preshrunk

Available by pre-order only!

Quantity: Size:
 Quantity: Size:

Total: \$

T-shirt - \$15 each (Youth Large, Adult Small, Medium, Large, XL, XXL, XXXL) preshrunk

Available by pre-order only!

Quantity: Size:
 Quantity: Size:

Total: \$

Amount due:

\$

Less scholarship monies *received* see page one

-

I would like to make a donation. Amount \$ to:

- | | |
|---|---|
| <input type="checkbox"/> Jay Johnson Scholarship Fund | <input type="checkbox"/> Jerry Holland Scholarship Fund |
| <input type="checkbox"/> James E. Monroe Endowment Fund | <input type="checkbox"/> CAF membership |

TOTAL AMOUNT ENCLOSED:

\$

Payment in-full is due at time of registration.

Method of payment:

Check or money order enclosed (US funds) Yes No

Make checks payable to **CAF**

Authorization to charge my credit/debit card

Signature: _____

Visa/MC/Discover/Am-Ex #:

Expiration:

Zip Code:

Name as printed on card:

RELEASE AND HOLD HARMLESS AGREEMENT

I hereby represent that I wish to participate in the Winter School, held January 30th - February 10, 2010 presented by Celtic Arts Foundation (CAF). I recognize that any activity may involve certain dangers, including but not limited to the hazards of the forces of nature and the actions of other participants and other persons unaffiliated with CAF. I understand that these hazards produce a risk of physical harm or death, as well as a risk of loss or damage to my personal property. I further understand and agree that CAF would not be able to sponsor such Events without some form of agreement providing protection for CAF and its officers, directors, paid staff and volunteer workers. In consideration of, and as part payment for my privilege to participate in the Winter School, I hereby release CAF and its officers, directors, and volunteer workers from any and all liability, claims and/or causes of action arising out of, or in any way connected with my participation in any and all of the activities of the Winter School. I personally assume all risks in connection with these activities of the Winter School, including but not limited to those involving negligence on the part of such officers, directors, paid staff or volunteer workers, which result in personal injury or death to me and/or loss of damage to my personal property. The terms of this agreement shall bind me and my heirs, assigns, and personal representatives. I have fully informed myself of the contents of this release and hold harmless agreement by reading it before I have signed it.

I also acknowledge that I have read and that I understand the CAF Cancellation Policy. I agree to allow Celtic Arts Foundation to photograph or record my activities at the event(s) for promotional purposes.

Signature: _____

Date: _____

(Signature of parent or guardian is required if entrant is not at least 18 years of age.)

Additional comments:

Please return form with medical release and alcohol/behavior statement to:
Celtic Arts Foundation
Attention: Delinda Baughn, Winter School Coordinator
Post Office Box 1342, Mount Vernon, WA 98273
(306) 416-4934 www.CelticArts.org

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Celtic Arts Foundation
WINTER SCHOOL 2010
Emergency Medical Information and Release Form
(Must be completed and returned with registration)

Student Name:

Last

First

MI

Parent/.Guardian Name:
(Students under 18)

Should you (or your child) become ill or injured while at Winter School who should be contacted to provide care and or transportation?

Name:

Telephone/Cell – include area code:

Relationship:

In the event of a serious injury or illness requiring immediate medical attention, I (circle one) **Do / Do not** authorize program personnel to obtain emergency care for me/my child at the nearest medical facility.

Signed: _____ Date:

Student signature (Parent/Guardian if under 18)

Family Doctor:

Telephone – include area code:

Address:

Medical Insurance Company:

Policy/Group#:

Subscriber Name:

Do you or your child have any medical problems (Asthma, heart problems, allergies, snoring, learning disabilities, etc.) we need to be aware of?

If yes, please describe:

Registrant acknowledges and represents that: participation in programs offered by Celtic Arts Foundation (CAF) may require activities involving hazards and risks of injury. Registrant assumes all risks of injury, harm or damage arising from or related to Registrant's participation in any CAF program. Registrant releases CAF, its instructors, staff, officers, and board members from any and all liability which may arise out of or in connection with Registrant's participation in CAF programs, or use of CAF services, facilities, or the premises where the CAF program is located. This assumption of risk and release is binding upon Registrant and Registrant's heirs, executors, administrators, assigns and family members.

Signed: _____
Student (Parent/guardian if under 18) **Date**

Celtic Arts Foundation
WINTER SCHOOL 2010

Alcohol/Behavioral Statement

ALL students under the age of 21 must complete this section

Student Name:

I agree to abide by the Celtic Arts Foundation policies and regulations while attending Winter School 2010. I understand that the possession or use of alcoholic beverages or unauthorized drugs is grounds for immediate expulsion. I also understand that constant disruptive behavior will result in immediate dismissal. A refund will not be granted if I am dismissed from Winter School 2010.

Student Signature: _____ Date:

Parent(s):

Parent Signature: _____ Date:

Minor/Designated Guardian Form

(To be completed by parents of students under 16 who will NOT be accompanying student)

All students under 16 must be under the supervision of a parent/guardian while attending Winter School 2010. If a parent/guardian is unable to accompany his/her child a "designated guardian" must be named. The "designated guardian" must be an adult who can take responsibility for the minor student in the event of an emergency or any other situation requiring parental authority.

Name of Student under 16:

Whom do you name as your child's "designated guardian" while at Winter School 2010?

Name:

Does the "designated guardian have the authority to make medical decisions if the parent/guardian cannot be reached? (Circle one) Yes No

Signed: _____ Date:
Parent/Guardian

Signed: _____ Date:
Designated Guardian