

This is an invitation to rehearse with the award-winning Drumline this summer.

Sebastian Summer Spectacular **S3** PRESENTS



2010 Drumline Summer Camp

JUNE 22 - JULY 28 • TUESDAYS & WEDNESDAYS • 2PM TO 5PM

- Play real drum line percussion instruments!
- Have fun learning advanced techniques from award winning instructors!
- Have fun spending time playing music with new friends this summer!
- Play real drum line warm-ups, cadences, and compositions from award winning professional composers
- Prepare for an award winning marching band season!
- Be a part of the winning tradition at Los Alamitos!

**\$150** comes out to less than \$5 per hour of instruction

All students welcome: Freshman, Sophomores, Juniors, and Seniors  
for more information, visit: [www.losalmusic.com](http://www.losalmusic.com)

This camp is not affiliated with Los Alamitos High School or the Los Alamitos Unified School District (LAUSD)

Please fill out below and detach and turn in to Mr. Sebastian by 1st day of camp

**SEBASTIAN SUMMER SPECTACULAR (S3)  
2010 DRUMLINE SUMMER CAMP REGISTRATION:**

Student Name: \_\_\_\_\_ Graduating Year: 2011 2012 2013 2014  
First Last (circle one)

Student Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone #: \_\_\_\_\_

**Sign up for:** Six weeks **Dates:** Tuesday, June 22, 2010 to Wednesday, July 28, 2010  
**Time:** 2pm to 5pm **Cost:** \$150 (comes out to less than \$5 per hour of instruction)

**\*\*Please bring payment with registration form and emergency forms filled out completely\*\*  
DO NOT WRITE BELOW (OFFICE USE ONLY)**

Method of Payment:  Cash  Check # \_\_\_\_\_ (payable to Richie Sebastian)  
 Received by \_\_\_\_\_ Date \_\_\_\_\_  Emergency Form Turned In  
 Student Signature \_\_\_\_\_

# Parent Permission – Release Form

Dear Parent/Guardian:

Please fill out the following information for the 2010 Summer Camps (Marching Band, Drumline, and Color Guard) presented by Sebastian Summer Spectacular (S3). This permission form must be filled out as completely as possible and signed in order for your child to participate in these Summer Camps.

## PLEASE COMPLETE ONE FORM FOR EACH CHILD:

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Going into Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ and \_\_\_\_\_

Cell Phone: \_\_\_\_\_ and \_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby authorize Mr. Richie Sebastian, Director in charge of Sebastian Summer Spectacular Camps, into care the above minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of this best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

## FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child/ward, I agree that my health care insurer and I shall be financially responsible for any medical treatment required by child/ward as a result of any injury or illness suffered during his/her participation in any Summer Camp related activities.

## RISK AND INDEMNITY

I have considered the risks of being in Summer Camp and I am aware of the hazards involved in such activity during the summer. I have considered these risks and I still wish for my child to participate. I agree not to bring legal action against Mr. Richie Sebastian and/or his staff or sponsors as a result of any injury suffered in the course of my child's/ward's participation. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. On behalf of myself and my child/ward, I shall indemnify, hold free and harmless, assume liability for, and defend Mr. Richie Sebastian's Summer Camps from any and all costs and

expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court cost, and all other sums, which Mr. Richie Sebastian and employees may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of my child/ward's use of real or personal property belonging to Mr. Richie Sebastian and his employees, or by any reason of my child's/ward's participation in any Summer Camp activity.

**TERM OF AGREEMENT**

This authorization will remain in effect until the end of the 2010 Summer Camps while the minor above is en route to or from or involved or participating in any program or activity authorized by Mr. Richie Sebastian's Summer Camp, unless revoked by the undersigned in writing and delivered to Mr. Richie Sebastian.

By signing below, I state that I have read, understand, and agree to the terms of this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_