

This is an invitation to rehearse with the award-winning Marching Band, Drumline, and Color Guard this summer.

Sebastian Summer Spectacular **S3** PRESENTS

2010
Marching Band,
Drumline, and
Color Guard
Summer Camp



AUGUST 16 - AUGUST 27 • MONDAY - FRIDAY • 8AM TO 5PM

- Daily Schedule: 8am to 12pm - Marching Techniques, 12pm to 1pm - Lunch, 1pm to 4pm - Sectionals, 4pm to 5pm - Full Ensemble
 - Play pep tunes, marches, field show music on your instrument!
 - Have fun improving drastically on your instrument!
 - Have fun spending time playing music with your friends this summer!
 - Play music with experienced musicians!
 - Prepare early for the marching season!
 - Be a part of the winning tradition at Los Alamitos!
- All students welcome
Freshman, Sophomores,
Juniors, and Seniors
- \$150** comes out to less than \$2 per hour of instruction
- for more information, visit: 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 MARCHING BAND, DRUMLINE, & COLOR GUARD 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: Full Session **Dates:** Monday, August 16, 2010 to Friday, August 27, 2010

Time: 8am to 12pm, 1pm to 5pm **Cost:** \$150 (comes out to less than \$2 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 #: _____