

LENOIR-RHYNE SUMMER YOUTH MUSIC

Middle School & High School Band Camp, July 18-22, 2016

Medical Form

This form will remain on file with Christopher Nigrelli, director of the camp, and your information will remain confidential.

Student's Name _____
(last) (first) (middle)

Address _____

City _____ State _____ Zip _____

Student's Date of Birth _____ Age _____

Father's Name _____

Mother's Name _____

Father's Home Phone _____ Cell or Work Phone _____

Mother's Home Phone _____ Cell or Work Phone _____

If parents are not legal guardians of student, please indicate and enter guardian's information above.

INSURANCE INFORMATION

Under Whose Name is the Student Covered? (please circle) Father | Mother | Both

Name of Insurance Company _____

Policy Number _____

List two people to contact if parents/guardian cannot be reached in an emergency:

1. _____

(name) (phone) (relation to student)

2. _____

(name) (phone) (relation to student)

ALLERGIES

Food _____

Medicine _____

Is your child currently taking any medications? Y or N

If "Y" please list medications here: _____

Family Physician: _____

Physician Office Phone: _____

Use the back of the form if necessary.



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Behavior Contract

STUDENT BEHAVIOR EXPECTATIONS

1. Students will attend each day in its entirety.
2. Students will be attentive and participate to their best ability. Students will demonstrate their best behavior at all times.
3. Students will bring their instrument in proper working condition and will bring all necessary supplies and auxiliary equipment.
4. Students will remain on the Lenoir-Rhyne University campus o during camp hours (even during break times).
5. Students will follow all of their home school's guidelines in regard to conduct (tobacco, alcohol, firearms, prohibited items and substances, etc.).

Parents agree to provide immediate assistance in the event that LRSYM staff request help dealing with student behavior problems.

Signature or Parent/Guardian_____

Students have read and agree to abide by the behavior contract specified above.

Signature of Student_____

Return your signed form by mail, email or in person on the morning of first day of the camp. LRSYM must be in receipt of these two forms before your child can participate.

This form may be mailed to:

Christopher Nigrelli
Lenoir-Rhyne University
Box 7355
Hickory, NC 28603.

Or emailed to:

christopher.nigrelli@lr.edu