

Abernathy Antelope Bands

“Commitment to Excellence”

505 7th Street, Abernathy, Texas 79311

806-298-4904 or 806-298-4905

Matt Knight, Trisha Burrell, and Anna Jo Knight, Directors

South Plains Band Camp Information

Date: June 5-9

Concert: Friday, June 9, at the Texan Dome– Time to be announced

Lunch: Students may bring their lunch, purchase a meal ticket for \$35 (this covers lunch for the entire week) or pay for lunch each day.

Cost: \$95.00 (Abernathy Band will pay \$35.00 of each students fees) **total cost \$60.00**

Any student that does not finish camp will need to repay the band \$35.00

Time: 7:20 am return 5:00 pm

Where: Meet at Band Hall

We need forms back by the 24th.

Forms: posted on the band Web site www.abernathyband.com

Question: Matt Knight – 806-778-6258

Trisha Burrell – 806-789-9945

Anna Jo Knight – 806-778-6257

**SOUTH PLAINS COLLEGE
BAND CAMP REGISTRATION
RELEASE & HOLD HARMLESS STATEMENT FOR MINORS**

Last Name _____ First Name _____ Birthdate _____

Physical Address _____ Mailing Address _____

City _____ State _____ Zip Code _____ Cell # _____

E-Mail Address _____ Gender: Female Male

Age: _____ Grade next fall _____ School Name _____

Instrument(s) _____

T-Shirt Size (t-shirts are adult sizes) please circle one: S M L XL XXL

Please check the camp participant will be attending:

- Junior High Band Camp**
(For students who have completed at least 1 year of beginning band through those entering 9th grade next Fall)
- Drum Major Camp**
(For high school students entering 10th grade, or older who may have been selected as Drum Major for their high school band)
- High School Leadership**
(For students entering 10th grade next fall or older)

Camp Fee: \$60.00 per participant

This fee includes a t-shirt, insurance, refreshments, tuition, and other fees. Housing and meals are not provided. Check with your band director about group transportation.

NOTE: Forms and payment must be returned to Ms. Burrell or Mr. Knight by May 24, 2023.

MEAL TICKET - \$35 PER TICKET (INCLUDES LUNCH MONDAY-FRIDAY)

- NO, my child will provide their own lunch
- YES, my child would like to purchase a meal ticket

PAYMENT INFORMATION: Camp Fee: \$60.00 Meal Ticket: \$35.00

Total Amount Due: _____ Payment Method: Cash Check # _____

Please make checks payable to Abernathy Band.

SOUTH PLAINS COLLEGE
CAMP RELEASE AND HOLD HARMLESS STATEMENTS FOR MINORS

This form must be filled out and signed by parent or guardian prior to camp start.

CHILD'S NAME _____ BIRTHDATE _____

In consideration of my child or ward's participation in the South Plains College programs, I, do hereby, for my child or ward and myself, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge the South Plains College District of and from any liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to connected with, or growing out of participation in said programs, including, but not limited to liability and claims arising from the negligence of the parties hereby released. I understand that the College District does not provide any hospitalization or medical insurance to cover my child or ward from hospital or medical expenses incurred related to participation in the program and that I am solely responsible for the payment of any and all hospital and/or medical bills including ambulance services.

Parent Guardian Information:

MOTHER'S NAME _____ HOME PHONE _____
ADDRESS _____ CELL PHONE _____

FATHER'S NAME _____ HOME PHONE _____
ADDRESS _____ CELL PHONE _____

In Case of Emergency, Contact:

NAME _____ RELATIONSHIP _____

HOME # _____ WORK # _____ CELL# _____

NAME _____ RELATIONSHIP _____

HOME # _____ WORK # _____ CELL# _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TALENT AGREEMENT

I willingly authorize the use of the voice and/or image of that of my child or ward to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes only by South Plains College. I, or my child or ward, shall receive no compensation for participation in these activities. I hereby release South Plains College and its employees or agents from all liability whatsoever which may or might result from my child or ward's participation in these activities. Having noted the terms so stated, I, being of legal age and acting as legal guardian, do hereby agree to allow South Plains College to use, publish, or copyright these audio and visual recordings, in which my child or ward participated in perpetuity.

CHILD'S NAME (PRINT) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

South Plains College Campus Programs for Minors Authorization, Waiver, & Consent for Self-Administration of Prescription Medication

This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp attended by the camper, for all medications, and each time there is a change in dosage or time of administration of a medication.

- No, my child does not need to take any prescription medication while at the program hosted at/by SPC
 Yes, my child will need to take prescription medication while at the program hosted at/by SPC

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the program hosted at/by SPC under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a parent/legal guardian. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the student will be attending the program hosted at/by SPC.

Participant's Name: _____

Medication Name: _____ Dose: _____

Specific Directions (i.e. on empty stomach, with water, etc.): _____

Time/Frequency of administration: _____

Relevant side effects: _____

Special Storage Requirements (if any): _____

Is the participant capable of self-managed care? Yes No

Prescribing Physician: _____

Clinic Name: _____

Telephone: _____ Fax/Email: _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and hold harmless for any and all purposes sponsor, South Plains College, the Board of Regents for the South Plains College and their members, officers, servants, agents, volunteers, or employees against any claims that may arise relating to my child's self-administration of prescribed medication(s) including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

South Plains College, Camus Programs for Minors
Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to _____ (child's name) if the need arises. You may dispense only those checked below.

- | | |
|--|---|
| <input type="checkbox"/> Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) | <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat |
| <input type="checkbox"/> Tylenol/Acetaminophen as directed | <input type="checkbox"/> Ibuprofen as directed |
| <input type="checkbox"/> Throat lozenges and/or spray as directed for sore throat | <input type="checkbox"/> Micatin or anti-fungus treatment as directed for athlete's foot |
| <input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed | <input type="checkbox"/> Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed |
| <input type="checkbox"/> Roloids or Tums for acid reflux, heartburn, or indigestion as directed | <input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed |
| <input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions | <input type="checkbox"/> Visine or other eye drops for minor eye irritation |
| <input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed | <input type="checkbox"/> Swimmer's ear drops as directed |
| <input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites | <input type="checkbox"/> Medicated powder for skin irritation as directed |
| <input type="checkbox"/> Robitussin or other cough syrup as directed | <input type="checkbox"/> Calamine lotion for bug bites and poison ivy |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Bug repellent |
| <input type="checkbox"/> Other (list any other approved over-the-counter drugs): _____ | |

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will **not** be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, South Plains College, and their volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at South Plains College.

Participant Name _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

