Student Registration Form

CONGRATULATIONS ON YOUR SELECTION TO THE 2016 MU JUNIOR HONORS BAND!
Please mail this registration form, along with the $40 registration fee (checks only), to the following address by February 1, 2016 in order to confirm your spot in the band:
MU Juniors Honors Band
202 Loeb Hall
Columbia, MO 65211

Name:
Instrument:
School:

CONTACT INFORMATION
PLEASE NOTE: All additional communication regarding the MU Junior Honors Band will be made via the email address and phone number provided.

Preferred Email Address ____________________________________________________________

Preferred Phone Number __________________________________________________________

Mailing Address ________________________________________________________________

STREET ADDRESS  CITY  STATE  ZIP CODE

HOUSING & TRANSPORTATION
Do you plan on bringing a car to the MU campus? (circle one)  YES  NO

PLEASE NOTE: Parking permits will be provided at registration only for those students indicating on this form that they will have a car on campus. Band directors and/or parents should contact the Large Ensembles Coordinator at mubands@missouri.edu or 573-882-3439 if they plan to transport students and will need a permit (Monday only) while on campus. Garages and street parking is free on weekends, so a parking permit is not required for Sunday, February 21.

Housing Preference: (check one)

_______ I prefer to stay on campus with an MU Music Student.

_______ I prefer to stay off campus in a hotel or other housing arrangement of my choosing at my own expense. I understand that travel will not be provided from outside housing to and from campus. Please read the Important Information sheet for details about local hotels.

GENDER: (circle one)  MALE  FEMALE

T-SHIRT SIZE: (adult sizes – circle one)  XS  SMALL  MEDIUM  LARGE  XL  XXL  XXXL
EMERGENCY INFORMATION
Parent/Guardian Name: ___________________________________________________________

Home Phone _______________ Cell Phone _______________ Work Phone _______________

Emergency Contact (other than Parents/Guardian) ________________________________

Emergency Contact Phone _____________________________________________________

ALLERGIES/MEDICAL INFORMATION
Please list any known food/drug allergies or dietary concerns:

_____________________________________________________________________________________

If you require prescription medication, please tell us the specific medicine, dosage, and frequency of medication. If detailed information is required, please attach a separate sheet.

_____________________________________________________________________________________

INSURANCE INFORMATION & AUTHORIZATION FOR MEDICAL TREATMENT

Insurance Company ________________________________________________________________

Insured Name ______________________________________ Employer __________________________

ID # __________________________ Group/Policy Number ________________________________

In the event of an emergency or need for medical treatment, I hereby give my consent, and/or authorize the University of Missouri to provide medical services for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, which may be deemed desirable. Medical services are approved for my child during his/her ensuing stay throughout the MU Junior Honors Band, February 21-22, 2016. I also understand that I am responsible for any and all medical expenses incurred during treatment.

_________________________________________ __________________________
PARENT/GUARDIAN SIGNATURE DATE

STUDENT AGREEMENT
I accept this invitation to participate in the 2016 MU Junior Honors Band. As a representative of my school, I promise to conduct myself in a respectful and courteous manner. I will be prompt and in attendance for all portions of the event as listed on the itinerary. I understand that any unacceptable behavior on my part will result in my dismissal from the Honors Band. I also understand that the University of Missouri will not be held responsible for any injury, theft, or other unforeseen circumstance during this event.

_________________________________________ __________________________
STUDENT SIGNATURE DATE

_________________________________________ __________________________
PARENT/GUARDIAN SIGNATURE DATE

☐ $40 Registration Fee Enclosed. Please make checks payable to University of Missouri.

Office Use Only

Date Received/Receipt Sent _______________ Check # _______________ Receipt # _______________