



Phantom Regiment Educational Camp Registration Form

www.regiment.org

Circle Location/Camp Attending: **Rockford** → Snare Camp / Drum Major / Color Guard **or** **Maryland** → Drum Major

STUDENT INFORMATION			
First Name	M.I.	Last Name	Adult Shirt Size (circle one) S M L XL 2X
Address			
City		State	Zip
Home Phone	Cell Phone	Email Address	
Age as of June 1	Date of Birth	Sex (circle one) M F	

PARENT/GUARDIAN INFORMATION	
Mother's First Name	Last Name
Best Contact Phone Number	
Father's First Name	Last Name
Best Contact Phone Number	
Other name to contact in case of emergency and relationship to student	
Best contact phone number of person above	

SCHOOL INFORMATION	
School you attended this past year	
School city and state	
Grade just completed	
Your primary instrument	Other instruments you are proficient at
Band Director's Name(s)	



**Phantom Regiment
Educational Camp
Medical and Responsibility Release Form**

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Students Full Name _____

Medical History

Convulsions Diabetes Bleeding disorders Chicken Pox Asthma Measles
 Heart defect/murmur Mumps Surgery in past 2 years Epilepsy Neurological diseases

Briefly explain any boxes checked above:

List and explain any allergies:

Medications: type, dose and frequency: _____

Date of last tetanus immunization: _____

Insurance Information:

Insurance Carrier _____

Member/Policy/Group Number _____

Family Physician _____

Physician Phone _____

Parental Consent Form – Responsibility Clause

I hereby give permission for _____ to participate in the Phantom Regiment Educational Camp. I understand that Phantom Regiment, its directors, agents and employees not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Phantom Regiment sponsored event.

In case of emergency, I hereby give my consent for a qualified medical person to perform any first aid, medical or surgical procedures deemed necessary to the welfare of this applicant while participating in this Phantom Regiment sponsored event. I hereby give permission for Phantom Regiment personnel to observe students self-administer prescription and non-prescription medicine during this event. It is understood that the Phantom Regiment will make every effort to contact the undersigned prior to taking any such action, but in the event I cannot be reached for an emergency, I hereby give permission to medical personnel to secure and administer such treatment as may be deemed needed, including hospitalization, for the student named above. I also authorize Phantom Regiment to release medical records to hospitals and other physicians to which they are referred to and to insurance companies for payment of medical claim. The undersigned does agree to pay indebtedness to all medical personnel, facilities and services rendered.

We acknowledge that the undersigned and participating student is responsible for the safety and security of his/her personal belongings and effects and for loss or damage and will not hold Phantom Regiment responsible for these items. We the undersigned understand that the Phantom Regiment is a drug-free environment and that consumption of unlawful drugs, alcohol or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior should arise and in the judgment of the Phantom Regiment the undersigned's child should be sent home before the end of the program, we authorize Phantom Regiment to take such action. Cancellations before May 15th will be fully refunded. Cancellations after May 15th are not refundable. I, the undersigned, understand and accept the fee refund policy.

Signed: _____ Date: _____ Relation to student _____
 (Must be signed by parent/guardian if student is under 18 yrs of age)

