

# Paul VI Catholic High School

## Summer 2009 Band Camp

for rising 5-9<sup>th</sup> graders

- DATES:** Monday, June 15 - Friday, June 19, 2009 (11am concert and potluck on Friday)
- PLACE:** Paul VI Catholic High School Music Room, 10675 Fairfax Blvd., Fairfax, VA
- PARTICIPATION:** Any band student with at least one year of instruction  
Note: You do not need to attend the entire camp. Participation in swimming, basketball, scouts, etc. is encouraged.
- TIME:** **8:00 - 10:00 AM Novice** (Students with one year of experience)  
**9:00 - 10:00 AM Jazz Studies** (Open to Advanced level students with director permission, *included in price of camp!*)  
**10:15 - 12:15 PM Intermediate**  
(Students with two or more years of experience)
- COST:** \$80 per student (same as last two years). Receive a 25% discount if registering before **March 31** (\$60. total!) Payment includes camp fee, snacks, and Summer Band T-shirt. Make checks payable to: PVI.
- INSTRUCTORS:** Jan Siegfried, Paul VI Catholic High School, Woodwind clinician  
Bill Siegfried, Brass clinician
- CURRICULUM:** 60 minutes full band and 60 minutes class instruction.
- LOCATION:** Paul VI Catholic High School Music Room
- QUESTIONS:** Contact Mrs. Siegfried at [JSiegfried@paulvi.net](mailto:JSiegfried@paulvi.net)  
or (703)352-0925 x332
- DEADLINE:** **June 2, 2009**



# REGISTRATION FORM

## PAUL VI CATHOLIC HIGH SCHOOL SUMMER BAND CAMP

JUNE 15 – JUNE 19, 2009

**SPACE IS LIMITED. Please register early!**

Please complete this form and return with payment by **June 2, 2009.**

**Mail to:**

**Paul VI Catholic High School**

**Attn: Mrs. Jan Siegfried**

**10675 Fairfax Blvd.**

**Fairfax, VA 22030**



NAME (please print) \_\_\_\_\_

SCHOOL IN '08-'09 \_\_\_\_\_ GRADE IN '08-'09 \_\_\_\_\_

INSTRUMENT \_\_\_\_\_ YEARS PLAYED \_\_\_\_\_

Camp Classes attending      \_\_\_ Novice      \_\_\_ Jazz      \_\_\_ Advanced

PARENTS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

PARENT PHONE NUMBERS (h) \_\_\_\_\_

(w) \_\_\_\_\_ (c) \_\_\_\_\_

\_\_\_\_\_ CHECK HERE IF YOU ARE INTERESTED IN A CARPOOL FROM YOUR NEIGHBORHOOD

IF SO, IN WHAT NEIGHBORHOOD and CITY DO YOU LIVE: \_\_\_\_\_

CIRCLE SHIRT SIZE: (THESE ARE ADULT SIZES, BUT RUN SMALL)

Small      Medium      Large      X-Large      XX-Large



**PLEASE COMPLETE THE EMERGENCY CARE FORM**  
**ON THE BACK**

**Paul VI Catholic High School**

Summer Camp Acknowledgement of Risk and Emergency Medical Release Form

Summer Camp \_\_\_\_\_

Date of Camp \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the above listed summer camp at Paul VI Catholic High School. I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and seriousness of risk varies significantly from one sport to another with contact sports carrying the higher risk. I agree by signing this form below that my child/ward is in good health and is able to participate in all activities associated with this camp. Also by signing below I agree to release Paul VI Catholic High School and its administration, the Diocese of Arlington, the above stated camp, and its director and any counselors of all liability.

\_\_\_\_\_  
*Parent or Guardian Signature*

**Emergency Contact Information and Release**

Camper's name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home address \_\_\_\_\_

Parent Cell Phone Numbers \_\_\_\_\_

Home Phone number \_\_\_\_\_

**Emergency Contacts:** In the event a parent cannot be reached, **you must** give the name, address, and phone number of two persons who could pick up and take your child home in a timely manner.

Name of 1<sup>st</sup> Contact, relationship, and address \_\_\_\_\_  
\_\_\_\_\_

Contact phone numbers \_\_\_\_\_

Name of 2<sup>nd</sup> Contact, relationship, and address \_\_\_\_\_  
\_\_\_\_\_

Contact phone numbers \_\_\_\_\_

Insurance information:

Insurance company \_\_\_\_\_ Policy# \_\_\_\_\_

In case of an emergency and I can not be reached I give permission for the camp administrator, Counselor or an employee of Paul VI Catholic High School to act on my behalf to hospitalize, secure proper treatment, and to order injections and/or anesthesia and/or surgery for my child /ward named above.

\_\_\_\_\_  
Parents/Guardian signature

\_\_\_\_\_  
Date