

Summer Instrumental Music Camps

Registration Deadline is May 25, 2021!

*Please fill out completely and turn into your music director, elementary music teacher
or mail to FWCS Attn. Bruce Schneider 230 E. Douglas Ave. Fort Wayne, IN 46802*

Student Information

Application Date: _____

Student Full Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

School (Fall 2020): _____ Grade Entering (Fall 2021): _____

Camp (circle one or students doing two camps should circle one AM and one PM camp)

Concert Band(AM)

Strings(PM)

Jazz Band(PM)

Instrument (Check one for each camp attending):

- | | | | | |
|-------------------------------------|--------------------------------------|---|--|---|
| <input type="checkbox"/> Flute | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Alto Saxophone | <input type="checkbox"/> Tenor Saxophone | <input type="checkbox"/> Bari Saxophone |
| <input type="checkbox"/> Trumpet | <input type="checkbox"/> French Horn | <input type="checkbox"/> Trombone | <input type="checkbox"/> Baritone | <input type="checkbox"/> Tuba |
| <input type="checkbox"/> Percussion | <input type="checkbox"/> Violin | <input type="checkbox"/> Viola | <input type="checkbox"/> Cello | <input type="checkbox"/> String Bass |

Years Playing Selected Instrument(s): _____

T-shirt size (Adult Size):

- X-Small Small Medium Large XL XXL

Parent/Guardian Information

Parent/Guardian Full Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact: _____ Phone: _____

Persons authorized to pick up student(s) other than parent _____

Please see COVID-19 Waiver on back of this form and check the appropriate authorization.

Assumption of Risk, Waiver and Release

Voluntary Participation in Athletics, Extracurricular and Co-Curricular Activities, 2021-22 School Year

The novel coronavirus known as COVID-19 has caused a worldwide pandemic and is spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19. I understand and acknowledge that participation in athletics, extracurricular and co-curricular activities (hereinafter "Activities") is voluntary and by its very nature, poses an actual or potential risk of emotional and physical injury or illness. I am requesting that my child(ren) be allowed to participate in one or more Activities sponsored by Fort Wayne Community Schools (hereinafter "FWCS").

Activities beginning in the summer of 2021 and continuing into the 2021-22 school year will be conducted with safety protocols appropriate under the circumstances at the time. Participants in Activities will be required to adhere to all safety protocols and are subject to immediate removal if they do not comply.

Activities are a privilege, and not a right of students. In an effort to ensure the safety and wellness of the FWCS community, I understand the importance of students being healthy and safe when they participate in Activities. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C.
- Make a visual inspection of my child(ren) for signs of illness which could include: chills, cough, shortness of breath or difficulty breathing, unexplained fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Confirm that my child(ren) has not been in close contact (within six feet for longer than fifteen minutes) with someone who is symptomatic or positive for COVID-19 during the past fourteen days.
- Promptly pick up my child(ren) or arrange for pickup/transportation if signs or symptoms of illness are present.
- Not bring my child(ren) on FWCS grounds and will notify FWCS staff if my child(ren) has a fever, exhibited any of the aforementioned symptoms, or been in close contact with someone who is symptomatic or positive for COVID-19. I understand that my child(ren) may not return without authorization from an FWCS nurse.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), FWCS staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me. In consideration of my and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold Fort Wayne Community Schools and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activities.

Yes, I have read and understand the waiver and my student can participate.

No, I have read the and understand the waiver and my student will not participate.