

**BOISE STATE LOW BRASS CAMP 2024**  
**HEALTH AND SAFETY FORMS**

**RULES & REGULATIONS**

1. If you must leave the campus for ANY reason during the day, you must obtain approval from Dr. Paradis or Mr. Barro. Anyone violating these rules is subject to immediate dismissal from camp with no refund of fees. **Campers may not leave the camp without approval from the camp director.**
2. All the things you bring to camp should be **WELL MARKED, LABELED, OR STAMPED** with your name and home address for quick identification. BSU will not be responsible for lost or stolen items belonging to campers.
3. Keep noise down. No shouting, horseplay, or profanity.
4. If you feel sick, report to a staff member.
5. Dress in an appropriate manner at all camp events.
6. Smoking and the possession and/or consumption of alcohol or illicit drugs are prohibited and will result in immediate dismissal from camp.
7. Students are required to attend all camp sessions and performances. Absences must be approved by Dr. Paradis or Mr. Barro.
8. Cell phones must be silenced and put away for all camp sessions and performances. Absolutely **NO PHONES** during camp sessions. Students may place phone calls or send text messages during breaks and/or meal times.
9. Students must follow check in and check out procedures.
10. Students who drive to campus must leave their vehicles parked for the duration of the day.
11. Students must follow all COVID protocols that are in place at the time of the camp.

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I, \_\_\_\_\_, have read the Camp Rules and Regulations and I agree to adhere to them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# **MEDICAL CONSENT FORM**

**DIRECTIONS:**

- ATTACH A COPY FRONT AND BACK OF YOUR CURRENT INSURANCE CARD
- TURN IN AT REGISTRATION ON JUNE 3, 2024 OR EMAIL TO DR. PARADIS IN ADVANCE

sarahparadis@boisestate.edu

**\*\*\*STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM SIGNED AND A COPY OF INSURANCE CARD ON FILE\*\*\***

Name: \_\_\_\_\_  
Age \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_

Please list any chronic health issues that might arise during your stay at Boise State:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications \_\_\_\_\_

***IMPORTANT: PARENTS MUST SIGN TREATMENT CONSENT:***

I hereby grant my consent for any medical treatment deemed necessary by a physician for the above-named camp student. Emergencies are treated at the Emergency Room of either St. Luke's or St. Alphonsus Hospital in Boise. Minor health problems are treated at the University Health Clinic. If you are taking medication, be sure you bring your own medication, the prescription number, and your doctor's name.

My insurance is \_\_\_\_\_ My policy number is \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*OR\*\*\***

I **do not** grant my consent for any medical treatment deemed necessary by a physician for the above-named camp student. Instead, please take following actions in the case of a medical emergency:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **MEDIA CONSENT FORM**

As a participant in the Boise State Low Brass Camp, you agree and consent to have photos, videos, audio recordings and other digital or other types of recording media of your person and any performance you may be involved in while at Boise State for the Camp from June 3-7, 2024. You agree and understand that Boise State has full rights to use any videos, photos, recordings or any other images or audio recordings in any media whatsoever of anything you participate in or perform in related to the Boise State Low Brass Camp and that you waive any rights to any further compensation whatsoever or any right to prevent such use that Boise State may choose to make of such recordings, photos, videos or other type media that preserves images and sounds that include you or any audio and/or visual images of which you are a part.

Unless a separate written agreement has been signed by both Boise State and you, this release, waiver and agreement of yours regarding any photos, videos, audio recordings and other digital or other types of recording media control and by this you agree that Boise State may use your likeness, image and any audio or video recordings of you or any performance of yours without any further compensation and you release Boise State from any claims for such use.

I have read and consent to the media policy outlined above.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

(If under 18 years of age)

Parent or guardian name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

# LESSON WAIVER

**\*EVERY MINOR MUST HAVE THIS FORM COMPLETED BY  
THEIR PARENT/GUARDIAN\***

As a participant in the Boise State Low Brass Camp, your student will be taking (a) private lesson(s) with (a) camp faculty member(s). Due to the nature of the private music lesson, your student may experience one-on-one interaction with a faculty member during this camp.

Campus policy indicates that all interactions with single minors should include two or more authorized adults. The policy further indicates that programs that include private lessons, such as the Low Brass Camp, must obtain a signed waiver from parents in order to conduct activities that involve one-on-one interaction.

Parents of minors have the option to waive the requirement that the private lesson at the Low Brass Camp includes more than one authorized adult. One-on-one lessons with minors, as per campus policy, are required to take place in open, well-lit rooms or spaces with windows observable by other adults from the program.

If parents prefer to uphold the campus policy, then their student will take a group lesson instead of a one-on-one lesson at the Low Brass Camp.

There are no other activities at the Low Brass Camp that involve one-on-one interactions between camper and faculty member.

**Parents of minors must complete and sign one of the statements below:**

I authorize my student, \_\_\_\_\_, to take one-on-one lesson(s) at the 2024 Low Brass Camp.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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I **do not** authorize my student, \_\_\_\_\_, to take one-on-one lesson(s) at the 2024 Low Brass Camp. He/she will take (a) group lessons instead.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_