

Application for Pacific Crest 2007 Workshops and 2008 Auditions

Last Name, First Name

Date of Birth (MM/DD/YYYY)

Address to where you want information sent

(_____) - _____ Home Mobile _____ @ _____ . _____
Best phone number to reach you E-mail Address

I am currently:

- a student attending _____ . My class is **FR SO JR SR** *(circle one)*
 not in school. My employer is: _____

How did you hear about Pacific Crest? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Field show information booth | <input type="checkbox"/> Family member | <input type="checkbox"/> I got something in the mail |
| <input type="checkbox"/> Poster at my school | <input type="checkbox"/> DCI web site | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Band director | <input type="checkbox"/> Drum Corps Planet web site | <input type="checkbox"/> An email from PC |
| <input type="checkbox"/> Drum instructor | <input type="checkbox"/> Guard instructor | <input type="checkbox"/> MySpace |
| <input type="checkbox"/> Marching instructor | <input type="checkbox"/> Other: (please list) _____ | |

For which section are you applying? (Note: Drum major applicants should send an e-mail to info@pacific-crest.org)

- | | | | |
|---|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Trumpet | <input type="checkbox"/> Contrabass | <input type="checkbox"/> Bass Drum | <input type="checkbox"/> Color Guard |
| <input type="checkbox"/> Mellophone | <input type="checkbox"/> Snare | <input type="checkbox"/> Cymbals | |
| <input type="checkbox"/> Baritone/Euphonium | <input type="checkbox"/> Tenors | <input type="checkbox"/> Front Ensemble | |

List past drum and bugle corps experience, including Pacific Crest. Include the name of the corps and the year(s) you performed with each.

Do you owe Pacific Crest or any other drum corps money or equipment?

- Yes No

Pacific Crest does not allow participation by students who owe money to Pacific Crest or other drum corps. Please initial that you understand this policy. _____

Do you have any medical condition or previous injuries of which we should be aware?

- Yes No

If yes, please explain: _____

Tuition Obligation (Note: The official tuition amount will be set on or before December 1, 2007)

The 2008 tuition will be approximately \$1,900. The price includes instruction, travel by bus and air, meals during tour, and the use of an instrument and uniform. Members who pay in full by March 31 will save \$200; members who pay in full by April 30 will save \$100. A waiver of \$100 will apply to all veteran members of Pacific Crest.

On the back of this form, you may list experiences or awards that may be of interest to our staff

See payment form (final page) for payment and mail-in information.

You are encouraged to pre-register; however, if you cannot do so, we will accept applications and payment at the door. Plan to arrive early enough to accommodate the extra time needed to register.

**PACIFIC CREST
MEDICAL AND SURGICAL AUTHORIZATION**

Performer's Name _____ **Birth Date** _____

Home Address _____

City _____ State _____ Zip _____

Social Security # ____ - ____ - ____ (required by medical personnel for treatment)

Is the performer allergic to any medication and/or food? Yes No

Please list: _____

May this performer take **aspirin**? Yes No Does this performer wear **contact lenses**? Yes No

Does this performer suffer from: **Hay fever** Yes No **Allergies** Yes No **Asthma** Yes No

Does this performer take any **medication**? Yes No Please list: _____

Please describe any health history that may assist the person in charge should this performer become ill:

Family Physician _____ **Phone** _____

Address _____

City _____ ST _____ Zip _____

In case of emergency, please contact: _____

Relationship: _____ Phone _____

If above can't be reached, please contact: _____

Relationship: _____ Phone _____

Parent/Guardian _____ **Phone** _____

Address _____

City _____ ST _____ Zip _____

We do We do not have health or accident insurance

Insurance Company Name _____

Group Number _____ Policy Number of Group _____

I hereby authorize medical or surgical treatment of above named Performer in the event of any emergency, illness or accident. I accept all responsibility and liability for any occurrence during this Performer's participation with Pacific Crest Youth Arts Organization.

Signature of parent, guardian or performer (if over 18 years of age) Date _____

**PACIFIC CREST
RELEASE AND ASSUMPTION OF RISK
AND CONSENT TO MEDICAL TREATMENT**

I have signed and delivered this document to you on behalf of the participant named below.

_____ (“Performer”) has my permission to participate in all activities arranged by Pacific Crest Youth Arts Organization (“Pacific Crest”) from December 2007 through August 2008.

I am aware that during any of the Pacific Crest activities – including, without limitation, auditions, rehearsals, trips, and competitions – certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities; hazards created by the forces of nature; and hazards of travel by air, train, bus, automobile, and other means, including physical exercise, marching, running, and walking.

I understand and do hereby assume all of the above-mentioned risks and will hold Pacific Crest harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for the Performer by Pacific Crest, or during any travel in private vehicles to and from any Pacific Crest rehearsals or functions. This document shall serve as a release of all claims for personal injury to the Performer and an assumption of risk binding upon my heirs, executor and administrators, and all members of my family.

In an event of Performer’s illness, I do hereby authorize any of the directors, officers, managers or chaperones of Pacific Crest who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the Performer in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, officers, managers or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

Signed:

Date

Performer

Date

Parent/Guardian (if performer is under 18)

Workshop and audition fee is \$105. \$95 for Veteran
PC Members Fee includes:

- Workshop on December 2nd
- Workshop on December 9th
- Audition Weekend – December 15th and 16th
- Workshop t-shirt
- \$10 gift certificate for Pacific Crest merchandise
- Entry into raffle for door prizes

What is your t-shirt size? (circle one) S M L XL XXL

I have enclosed a check for \$105 payable to Pacific Crest. (\$95 for veteran PC member)

Please charge my Visa or Master Card

Name on the Card: _____

Card Number: _____

3-Digit Number on Back of Card _____

Billing Address: _____

City, ST, ZIP: _____

Expiration Date: _____

Signature: _____

**Pre-registration deadline is November 24, 2007.
After that date, you must register and pay at the door. Please arrive early enough your first
day to allow adequate time for registration**

Send this form with your application, medical forms, and payment to:

Pacific Crest Youth Arts Organization
21231 Fountain Springs
Diamond Bar, CA 91765

Please do not call Diamond Bar High School