IMPORTANT!!
EACH CAMPER MUST DOWNLOAD AND PRINT
Information Sheet and SFA Campus Map
www.music.sfasu.edu/stringscamp

GENERAL INFORMATION

LOCATION
All camps are sponsored by and located on the campus of
Stephen F. Austin State University. SFASU is located in historic
Nacogdoches, Texas, in a setting of natural beauty in the pine
forests of East Texas.

ELIGIBILITY
Participation in the SFA Strings Camps is offered to students
entering seventh grade through 12th grade who are interested in
developing their orchestra skills and musical interests. String
players will benefit from our camps regardless of their level of
proficiency.

ROOMMATES AND HOUSING
It is not necessary to request a specific roommate prior to camp.
Students are housed in air-conditioned residence hall facilities,
with two students per room.

FOOD SERVICE
All meals are provided in a university cafeteria. Campers may
choose from a wide variety of foods served at every meal.

CAMPER SUPERVISION
Every activity of camp life is supervised and attended by one or
more of the following:
A. Camp Faculty – Distinguished music educators and
    performing artists employed by the SFA Strings Camps.
B. Resident Assistants – “RAs” trained and certified by SFASU
    Housing and Student Life personnel.
C. SFA Strings Camp Counselors – most of whom are students
    in training to become orchestra directors.

RECREATION
Swimming, movies, dances, competitions, concerts, volleyball,
basketball, and pizza parties are all planned by our Recreation
Director.

INSURANCE
All campers must have a signed medical release form in our files
(see application form). Insurance will cover accidents or illnesses
that occur at camp. Minor needs are served by University Health
Services. Parents are called immediately if illness is critical.

FOR FURTHER INFORMATION WRITE OR CALL
SFA STRINGS CAMP
P.O. Box 13043 SFA Station
Nacogdoches, TX 75962
Phone (936) 468-3885
Fax (936) 468-5810
Website: www.music.sfasu.edu/stringscamp

MEDICAL TREATMENT AUTHORIZATION
Please complete this form in its entirety to reserve a place in the
SFA summer music program for your child. Each participant must
be covered by camp insurance.

I, ____________________________________________, hereby give
my permission, consent and authorization for any medical
treatment deemed necessary by a hospital or physician while in
attendance at the camp. I agree to assume responsibility for the
costs of transportation, including any specialized evacuation and
of any medical care. I appoint the event coordinator and/or
director my lawful agent with power to authorize and consent to
the administration of medical treatment during the
aforementioned event.

Home Phone (____)_________________________
Alternate Phone (____)_____________________
Health Carrier: Policy No.:____________________
Other Emergency Contacts:___________________

Please list all allergies, restrictions or health exceptions:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

This form should be properly signed and turned in at the time of
registration. In case of such accident or illness, I give permission
for medical treatment to be given to me as deemed appropriate.
I will assume responsibility for any medical treatment as deemed
appropriate. I will assume responsibility for any medical bills
incurred on my behalf and understand the university will not be
responsible for any medical costs.

Student Signature _________________________________________________________________

Signature of Parent/Guardian
Parent (if Participant is under 18 years of age or a dependent on
parent’s insurance and taxes for the period of the event)

PHOTO RELEASE
I, the undersigned, do hereby authorize and give to Stephen F. Austin
State University (SFASU), its employees, designees, agents, and all
persons or entities for or through whom SFASU is acting, permission and
the absolute right to take, publish, use, edit, reproduce, distribute and
other similar activity my likeness and/or voice regardless of the medium
used, to specifically include but not limited to, photographic, video, audio,
digital or other electronic or digital medium. I understand that this
information may be used for any lawful purpose to include artistic works,
promotional or advertising efforts, publicity or recruitment and by signing
this document expressly authorize such use. I agree that any reproduction
of my likeness becomes the exclusive property of the University.

I understand and agree that I shall not be notified when any reproduction
of my likeness, regardless of form, is used, nor will I be given the
opportunity to view or approve of the reproduction prior to its publication.
I further understand and agree that there will be no remuneration or
compensation provided for any use of my likeness, and I hereby waive
any rights to royalties or other compensation arising from any use of my
likeness by the University.

Signature of Parent/Guardian _________________________________________________________

Duplicate as needed

2017 STRINGS CAMP
REGISTRATION FORM

SFA School of Music
### Registration Form

**Last Name**  
**First Name**  
**Address**  
**City**  
**State**  
**Zip**  
**Present School Name**  
**Grade**  
**Next Year**  
**Instrument**  
**Date of Birth**  
**Home Phone**  
**Mobile Phone**  
**Email address**  
**T-Shirt Size** (adult sizes, circle one)  
XS  
S  
M  
L  
XL

**Gender**  
______ Male  
______ Female

The SFA Strings Camp does not tolerate cases of vandalism, fighting, substance abuse or other violations of camp safety regulations. No refunds are given in case of expulsion from camp. I understand that the camp reserves the right to expel a student on these grounds.

Parent/Guardian Signature

**FOR HIGH SCHOOL CAMPERS ONLY**

_____ TMEA All-State Orchestra 2016-2017  
Students who have earned TMEA All-State Orchestra honors will receive a scholarship of $200 to attend the SFA Strings Camp.

_____ TMEA All-Region Orchestra 2016-2017  
Students who have earned TMEA All-Region honors will receive a scholarship of $75 to attend the SFA Strings Camp

These scholarships apply to high school students are non-transferable and do not apply to other summer music programs at SFASU. Provide your orchestra director's signature. This certifies that the student named above meets the requirements for this scholarship.

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**MAKE A COPY FOR YOUR RECORDS, THEN MAIL THIS APPLICATION AND FULL PAYMENT OR DEPOSIT TO:**

SFA Strings Camp  
Box 13043, SFA Station  
Nacogdoches, TX 75962

**Deadline for applications is June 23**

- Full camp  
  - $425

- Commuter  
  - $225

**REFUNDS**

- $40 fee on refunds prior to entry deadline: $50 fee  
on refunds after entry deadline. NO REFUNDS  
AFTER CAMP BEGINS. Social Security number  
required for all refunds.

**ALL PAYMENTS**

Reserve your place with a $200 deposit or full payment. BALANCE OF ALL FEES DUE BY ENTRY DEADLINE. PAYMENT CAN BE MADE ONLINE or by money order, school check, personal check or credit card.

**BALANCE OF ALL FEES DUE BY ENTRY DEADLINE**

Make checks payable to: SFA Strings Camp

**AMOUNT ENCLOSED:** $______  
**CHECK #**

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**FOR ON-LINE PAYMENT**

& Camp info go to:  
[www.music.sfasu.edu/stringscamp](http://www.music.sfasu.edu/stringscamp)

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**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in STRINGS CAMP, scheduled to begin on 7/2/17 and conclude on 7/7/17, and/or other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARIALLY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

6. I further agree to become familiar with the rules and regulations of the University concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

7. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself, which may be sustained during the activity or the transportation to and from said activity.

8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENT, HAVE BEEN MADE; I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT; AND I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

IN WITNESS WHEREOF, I have hereunto set my hand on this day of ______________, 2017.

Participant

Parent/Guardian

*(If Participant is under 18 years of age or a dependent on parent's insurance and taxes for the period of the event)*