



WEST JORDAN HIGH SCHOOL SUMMER BAND CAMPS 2020

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JUNE	22 8:00am-12:00pm	23 8:00am-12:00pm	24 8:00am-12:00pm	25 8:00am-12:00pm	26 8:00am-12:00pm
JULY	29 MORATORIUM	30 MORATORIUM	1 MORATORIUM	2 8:00am-12:00pm	3 MORATORIUM
	6	7 8:00am-12:00pm	8 8:00am-12:00pm	9	10
	13	14 8:00am-12:00pm	15 8:00am-12:00pm	16	17
	20	21 8:00am-12:00pm	22 8:00am-12:00pm	23	24
	27	28 8:00am-12:00pm	29 8:00am-12:00pm	30	31

GRADES: 8th-12th

COST: \$100.00



LOCATIONS: West Jordan High School Band Room, Band Field and Parking Lot

STAFF: WJHS Shianne Ogzewalla & Staff

For more information contact Shianne Ogzewalla shianne.ogzewalla@gmail.com

or

Call Wendi Matavao 801-256-5614

COMPLETED REGISTRATION FORM AND FEE MUST BE TURNED IN BY THE 1st DAY OF CAMP.

Cash or Card Only

Please pay in the Main office 8:00 am - 12:45

** West Jordan High School no longer accepts checks **



SCHOOL CAMP or CLINIC
PARTICIPANT
DISCLOSURE / REGISTRATION

FORM B

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Camp/Clinic: SUMMER BAND CAMP

Ages/Grades: 9TH - 12TH

Coach: SHIANNE OGZEWALLA

Maximum Number of students: UHSAA Tryout Implications: Yes No

School/Location: WEST JORDAN HIGH SCHOOL

Dates and Times: SEE ATTACHED CALANDER

Registration Fee: \$ 100.00

Additional Expenses: \$ List Items:

Total Cost per student: \$ 100.00 Payable to (School/Location): WEST JORDAN HIGH SCHOOL

Registration Deadline: For more information call: 801-256-5614

PARTICIPANT INFORMATION

Name of Participant:

M: F: Date of Birth: Age: Grade:

Address:

City: State: Zip:

Name of Parent or Legal Guardian:

Phone: Cell:

Email:

In Case of Emergency, Please Notify:

Phone: Cell:

INFORMED CONSENT / WAIVER OF LIABILITY AGREEMENT

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my or my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my or my child's participation.

TRANSPORTATION: I acknowledge that Jordan School District does not provide or sponsor transportation in connection with the sport(s), competition(s), practice(s), or program(s) as listed above and that the student, or the student's parent or legal guardian, will be responsible to arrange transportation for the student. I further agree to make such arrangements as a condition of the student's participation.

EMERGENCY TREATMENT: In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.

REFUNDS: Jordan School District may withhold 25% of the refunded registration fee, for administrative costs. Refunds must be requested in person, accompanied with a written refund request. No refunds will be given after the first day of the program.

COLLECTIONS: In the event that my account is referred for collection, I agree to pay Jordan School District for all costs incurred, together with reasonable attorney's fees.

EQUAL OPPORTUNITY: Jordan School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Parent or Legal Guardian Signature

Date

Participant Signature



**JORDAN SCHOOL SUMMER PROGRAMS 2020
PARTICIPANT
DISCLOSURE / REGISTRATION**

Complete this form. Parent/Guardian permission and signature required to participate.

Name of School: WEST JORDAN HIGH SCHOOL

Name of Sport/Activity: SUMMER BAND CAMP

Name of Student Participant: _____

Name of Parent or Legal Guardian: _____

Phone: _____ **Email:** _____

PARENT OR GUARDIAN STATEMENT OF PERMISSION, APPROVAL AND ACKNOWLEDGMENT:

I the parent or legal guardian of the above-named Participant do:

Consent to Participant's voluntary participation in the Jordan School Summer Programs for 2020.

Acknowledge that Summer program participation is subject to various conditions and consent to those conditions, including but not limited to the following:

- Symptom checking of Participant and documentation and reporting of results of such symptom checking;
- Participant removal from participation if symptomatic;
- Wearing of face coverings when not on the field/performance venue; Social distancing measures when not competing/performing; and
- Guidelines set forth by Utah Department of Health and Salt Lake County Health Department.

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that Participant's participation in Jordan Summer Programs may involve bodily and/or emotional injury to me, my family and/or Participant. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that Participant and others, including myself, may be exposed to or infected by COVID-19 through participation. In consideration of Participant's voluntary participation in Jordan Summer Programs, I, for myself, my child, my family, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from participation in the Jordan Summer Programs.

EMERGENCY TREATMENT: In case of an emergency involving Participant, I hereby authorize Jordan School District staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise.

By signing this agreement, I the parent or legal guardian of the above-named Participant acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before Participant is allowed to participate.

Parent or Legal Guardian Signature

Date

Participant Signature