

# Kansas City Conducting Symposium 2018 Registration Form

Fill out this form if you would like to pay registration fees by check or money order. Please type or print legibly.

To register online or pay by credit card, please visit: [info.umkc.edu/cmda-wbts](http://info.umkc.edu/cmda-wbts)

## CONTACT INFORMATION

Participant's Name: _____		Gender: _____	Date of birth: _____
Home Address: _____		City: _____	State: _____ Zip: _____
Primary Phone Number: (_____) _____		Secondary Phone Number: (_____) _____	
Email Address: _____		Secondary Email Address: _____	
<b>If applicable:</b>			
School where participant teaches: _____		Type of classes taught: _____	
School Address: _____		City _____	State _____ Zip _____
School which participant attends: _____		Level in School ('17-'18): _____	
How did you hear about the Kansas City Conducting Symposium?			
<input type="checkbox"/> Teacher <input type="checkbox"/> UMKC Website <input type="checkbox"/> Printed Mailer/Ad <input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Other: _____			
Optional UMKC Conservatory Publicity Information (If left blank, you will NOT be placed on any mailing lists)			
I would like to receive information about UMKC Conservatory of Music and Dance by: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail			

## SENDING IN YOUR REGISTRATION

Mail all materials to:    **KC Conducting Symposium**  
                                   **5227 Holmes St.**  
                                   **Kansas City, MO 64110**

## Be sure to include the following:

**Registration Form**  
**Information/Photo Consent Form**  
**Personal Health and Medical Authorization Form**  
**Check or money order for total amount due**

**TUITION AND FEES** All must be paid in full by **May 11, 2018**, and are nonrefundable.

Registration Fees (choose one)	Cost	Amount Due
Conducting Participant Fee Registration Fee (Non-credit)	\$515.00	\$
Observer Registration Fee	\$220.00	
For-credit Registration Fee This workshop may be taken for undergraduate or graduate credit through UMKC. For-credit students will be billed through UMKC Cashier's office for tuition, but are required to also pay this fee to secure space in the program.	\$220.00	
Other fees (optional)	Cost	Amount Due
On-Campus Housing (double occupancy) Participants who choose to stay on-campus will be housed in a UMKC residence hall for 5 nights (June 17-22). This fee includes bed linens and towels. Double occupancy rooms will have two beds, with two participants to a room.	\$250.00	\$
On-Campus Housing (single room)	\$350.00	\$
On-Campus parking permit This will allow participants to park in UMKC Student Permit Parking Lots. Parking is limited on campus, so a permit is strongly encouraged for those who will be bringing a car. Vehicle Make, Model, Color, & Year: _____ Vehicle License Plate #: _____	\$20.00	
Secure Wireless Internet Access (for those staying on on-campus) UMKC Residence Halls are equipped with secure internet access; this fee will provide each guest with a password to obtain this access. <u>Campus-wide internet access is available to all at no cost to all participants, but is not accessible in the residence halls.</u>	\$35.00	\$
<b>Totals</b>		
<b>TOTAL DUE:</b>		\$
<b>MAKE CHECKS OUT TO UMKC</b>		\$
<b>Total to be paid today*:</b>		\$
To pay by credit card: please register online: <a href="http://conservatory.umkc.edu/festivals">conservatory.umkc.edu/festivals</a>		Check #

\*Participants in all noncredit programs must submit a payment of at least \$100.00 to secure a space in the program. Your registration is not complete until this payment has been received. This will count toward your total fees; balance will be due by registration deadline.

CONSERVATORY SUMMER PROGRAMS  
**INFORMATION/PHOTO CONSENT FORM**

For valuable consideration, I do hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.

\_\_\_\_\_  
**Participant Name (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature (if participant is 18 or over)**

\_\_\_\_\_  
**Parent/Guardian's Signature (if participant is under 18)**

# PERSONAL HEALTH AND MEDICAL AUTHORIZATION FORM

To be filled out by parent, guardian, or adult participant. Please print in ink or type.

## Contact information

Participant Name \_\_\_\_\_

Name of Parent or Guardian (if under 18) \_\_\_\_\_ Daytime phone # \_\_\_\_\_

If parent or guardian is not available in the event of an emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## Personal Health Information

List any allergies: \_\_\_\_\_

Do you have issues with any of the following: Asthma, cancer/leukemia, convulsion/seizures, diabetes, heart trouble, hemophilia, high blood pressure, or kidney disease? If so, please explain: \_\_\_\_\_

List any medications to be taken during program: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in activities: \_\_\_\_\_

List equipment needed such as wheelchair, leg braces, etc: \_\_\_\_\_

Other pertinent information to which physician should be alerted in the event of an emergency: \_\_\_\_\_

**Immunization:** (give date of last inoculation, if known) Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_

Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_

## Other Medical Information

Regular Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Regular Dentist \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Phone #: \_\_\_\_\_

Group Policy # \_\_\_\_\_ Individual Policy # \_\_\_\_\_

Policy under whose name? \_\_\_\_\_

## MEDICAL AUTHORIZATION/HOLD HARMLESS AGREEMENT

I am the participant whose name appears on this form or the parent/legal guardian having custody of the minor whose name is indicated on this form. Permission is hereby given for said participant to participate in all excursions and transportation sponsored by the Conservatory of Music and Dance. I understand that the Curators of the University of Missouri-Kansas City, Conservatory of Music, Community Music & Dance Academy, and UMKC will not be held legally responsible for injuries incurred during organization activities and transportation to and from those activities. I give my consent, in the event all reasonable attempts by Conservatory personnel to contact me or any emergency contacts at the telephone numbers set forth above have been unsuccessful, for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist and (2) the transfer and admission of said participant to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems it necessary. Whenever possible, a second physician must concur in the necessity for such surgery. I understand that the Curators of the University of Missouri, Conservatory of Music and Dance, Community Music & Dance Academy, will not be responsible for medical expenses for injuries not caused by those entities, their employees or agents.

\_\_\_\_\_  
Adult Participant/Parent/Guardian's Name (printed)

\_\_\_\_\_  
Adult Participant/Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please return all forms to our office:

KC Conducting Symposium  
5227 Holmes St.  
Kansas City, MO 64110