

You're invited to the

# Elementary Marching Band Mini-Camp

At York Catholic High School

**When:** Saturday, September 30, 2017

**Time:** 8:00 AM – 2:00 PM  
1:45 PM mini-show for the parents

**Where:** York Catholic High School's Band Room/Field  
*(Please enter and exit through the parking lot entrance)*

**Who:** Any 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grade student who has played a band instrument for at least a year or who would be interested in color guard

**What:** Learn to play level appropriate marching band music, basic drill techniques, basic color guard techniques with a little fun thrown in

**Provided:** Lunch, snack, flipbook, lyre and music will be provided

**Cost:** \$25 per child - \$40 for 2 children - \$55 for 3 children

**Bring:** Refillable water bottle, comfortable tennis shoes, bug spray, sunscreen, hat and comfortable weather-appropriate clothing.

**Form and Fees due by September 15<sup>th</sup>**

Checks made out to *York Catholic Music Association*

**For more information, please contact Cecelia Mezza at  
[cmezza@yorkcatholic.org](mailto:cmezza@yorkcatholic.org)**

YORK CATHOLIC HIGH SCHOOL  
ELEMENTARY MARCHING BAND MINI-CAMP  
**REGISTRATION**

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Section or Instrument (Trumpet, Colorguard, etc.): \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

How many years student has played Instrument: \_\_\_\_\_

Student's Elementary School: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

My child has special medical concerns. Yes \_\_\_ No \_\_\_ (If yes, please describe on back of this paper.)

**CONSENT AND WAIVER**

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will take place at York Catholic High School and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please return to the YCHS Main Office by

**September 15, 2017**

\_\_\_\_ Marching Band Mini-Camp Registration Form

\_\_\_\_ \$25 Fee per Child (checks payable to: York Catholic Music Association)

For internal use only: \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_