

You're invited to the Elementary Marching Band Mini-Camp at York Catholic

| When: | Saturday, September 10, 2022 |
|------------|---|
| Time: | 8:00 AM-2:00 PM with a mini-show for parents at 1:45 PM |
| Where: | York Catholic's Band Room/Field (Please enter and exit through the parking lot entrance) |
| Who: | Any 4 th , 5 th or 6 th 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 |
| Cost: | \$25 per child includes lunch, snack, Flipbook, lyre, and music. Make checks payable to York Catholic Music Association |
| Bring: | Refillable water bottle, comfortable tennis shoes, bug spray, sunscreen, hat, and comfortable weather appropriate clothing. |
| Questions: | For more information, please contact YC Marching Band Director, Cecelia Mezza, at <u>cmezza@yorkcatholic.org</u> |

Registration Form and Fee due to York Catholic by September 8

YORK CATHOLIC MIDDLE & 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: | | | |
| My child has special medical concerns. Yes No (If yes, please describe on back of this paper.) | | | |
| If you would like your child to participate in this event, ple statement of consent and waiver of liability. | ease complete, sign, and return the following | | |
| CONSENT AND WAIVER | | | |
| I hereby request the participation of my child, described above. I understand that this event will take p my child will be under the supervision of the designated consent to the conditions stated above on participation in | lace at York Catholic Middle & High School and that school employee on the stated dates. I further | | |
| I hereby agree, on behalf of the named student and his/h claims for liability against this school, the Diocese of Harr or employees) which may arise from the participation of | risburg (and any diocesan or school officers, agents | | |
| Student Signature | Date | | |
| | | | |
| Parent Signature | Date | | |
| Please return to the Septembe | 5 | | |
| \$25 Fee (Checks paya | Camp Registration Form able to: York Catholic Music Association) nly: CashCheck # | | |