

# THOM HANNUM'S MOBILE PERCUSSION SEMINAR

## July 14 - 15, 2025 Registration Form

**CIRCLE YOUR INSTRUMENT** SNARE QUADS BASS CYMBALS KEYBOARD/FRONT ENSEMBLE

**CIRCLE YOUR TEE SHIRT SIZE** SMALL MEDIUM LARGE X-LARGE XX-LARGE

### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### PARENT INFORMATION

Parents Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parents Email Address \_\_\_\_\_

Parents Signature \_\_\_\_\_

### SCHOOL INFORMATION

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ School ZIP CODE \_\_\_\_\_

Band Director's Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

(Please select one)

Resident Tuition/Room/Meals

Commuter Tuition Only

\$380

\$330

*Fee Includes tee shirt and drumsticks*

\$100 Non-Refundable Deposit Reserves your spot

Amount Enclosed \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Please fill out this registration form completely and mail in with your check/money order to: **Mobile Percussion Seminar, 126 Mt. Warner Road, Hadley, MA 01035**

**Thom Hannum's  
Mobile Percussion Seminar**

126 Mount Warner Road  
Hadley, MA 01035  
E-mail: office@percussion.org  
Web: www.percussion.org

**Waiver and Release Form**

STUDENT NAME: \_\_\_\_\_

EVENT NAME: Mobile Percussion Seminar

EVENT LOCATION: University of Massachusetts, Amherst

EVENT DATES: \_\_\_\_\_

**PLEASE READ CAREFULLY**

***THIS FORM MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE STUDENT OR THE STUDENT WILL NOT BE PERMITTED TO ATTEND THE MOBILE PERCUSSION SEMINAR.***

***Acknowledgement of Risk:*** I voluntarily choose to allow my child to attend the Mobile Percussion Seminar (hereinafter referred to as *MPS*) and understand the risks involved. I recognize that my child will be participating in events and activities during *MPS* and that participating in these events and activities may involve risks and dangers, both known and unknown, including but not limited to, property damage or loss, minor or severe bodily injury and death. I voluntarily allow my child to participate at *MPS* fully aware of the risks involved. I hereby agree to accept any and all inherent risks of property damage or loss, bodily injury or death to my child.

***Hold Harmless:*** In consideration for allowing my child to participate in *MPS* and to the fullest extent permitted by law, I agree to hold harmless *MPS*, its respective officers, directors, employees, volunteers and agents from and against all claims arising out of or resulting from my child's participation at *MPS*. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, included but not limited to attorney's fees, attributable to bodily injury, sickness, disease, or death or injury to or destruction of tangible property including of use resulting therefrom. In addition I hereby voluntarily hold harmless *MPS*, its respective officers, directors, employees, volunteers and agents from any and all claims, both present and future, that may be made by my child, me, my family, estate, heirs or assigns.

***Media Release:*** I hereby grant *MPS* the right to use my child's name, photographic image (in whole or in part), and any reproduction of their sound, performance or appearance while attending *MPS*, for any purpose including promotion, advertising or otherwise.

I further acknowledge that there were no promises of any compensation for such use by *MPS* or by anyone associated with *MPS* and that *MPS* owns all rights to the media named herein, regardless of the form in which they are produced or used.

With the use of these rights, I hereby waive and release *MPS*, its respective officers, directors, employees, volunteers and agents from all claims, liabilities and/or damages which now or in the future may arise from such use.

***Acknowledgement***

I, \_\_\_\_\_ and my child \_\_\_\_\_  
(Parent/Guardian) (Student)

have read, understand and fully agree to the terms of this Waiver and Release. We understand and confirm that by signing this Waiver and Release, we (the parent/guardian and the student) have given up considerable future legal rights. We (the parent/guardian and the student) have signed this agreement freely, voluntarily and under no duress or threat of duress, without inducement, promise or guarantee being communicated to me (the parent/guardian) or my child (the student). Our (the parent/guardian and the student) signature is proof of our (the parent/guardian and the student) intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



University of Massachusetts Amherst  
 University Health Services  
 150 Infirmary Way  
 Amherst, MA 01003-9288  
 (413) 577-5000 / [www.umass.edu/uhs](http://www.umass.edu/uhs)

**MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS**

Please return form to program: \_\_\_\_\_  
 \_\_\_\_\_

Participant name (print): \_\_\_\_\_  
Last First M.I.

**SECTION 1** *(To be completed by parent or guardian.)*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month / Day / Year

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Program name: \_\_\_\_\_ Program dates: \_\_\_\_\_

Father: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Mother: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Guardian is:  father  mother  other (name and address): \_\_\_\_\_  
 (phone number): \_\_\_\_\_

Emergency contact (name, phone number, relationship to participant): \_\_\_\_\_  
 \_\_\_\_\_

Family physician name and address: \_\_\_\_\_  
 phone number: \_\_\_\_\_

Family dentist name and address: \_\_\_\_\_  
 phone number: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

In case of medical emergency, I hereby give permission to University Health Services (UHS) staff to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child, as named above.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/guardian signature

**SECTION 2** **PHYSICAL EXAMINATION:** *Must have been done by a medical provider within the preceding 12 months.*

**MEDICAL HISTORY** (please note significant disorders):

Allergies: \_\_\_\_\_ Heart: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_

\_\_\_\_\_ Kidney: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Lung: \_\_\_\_\_ Varicella: \_\_\_\_\_

Neurological: \_\_\_\_\_ Disabilities: \_\_\_\_\_ Other: \_\_\_\_\_

Pertinent medical history:

Summary of significant treatment program, including names and doses of medications to be used while at program (medications MUST be in a container with the original label):

Participant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**SECTION 3 REQUIRED IMMUNIZATIONS**

**MEASLES, MUMPS AND RUBELLA (MMR) VACCINE**

First dose must be after age 12 months; 2 doses required.

MMR #1 \_\_\_/\_\_\_/\_\_\_ MMR #2 \_\_\_/\_\_\_/\_\_\_

**POLIO VACCINE**

Dates: \_\_\_/\_\_\_/\_\_\_

A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mix of (IVP/OPV) was used, four doses are required.

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Completed primary series of polio immunizations?  YES  NO

\_\_\_/\_\_\_/\_\_\_

**DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE**

Minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster dose of Td is required for all campers and staff who will be entering grades seven through 10. For campers and staff who will be entering grades 11 and 12, a booster of Td is required if it has been more than 10 years since the last dose of DTaP/DTP/DT/Td. (Tdap is also acceptable.)

Completed primary series of DTaP/DTP/DT?  YES  NO

Dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date last Td \_\_\_/\_\_\_/\_\_\_

**HEPATITIS B**

Three doses of Hepatitis B vaccine are required if born on or after Jan. 1, 1992.

Dose # 1 \_\_\_/\_\_\_/\_\_\_ Dose #2 \_\_\_/\_\_\_/\_\_\_ Dose #3 \_\_\_/\_\_\_/\_\_\_

**EXCEPTIONS**

- **RELIGIOUS OBJECTION:** The individual must submit a written statement, signed by a parent/guardian if a minor, to the effect that the individual is in good health and stating the reason for such objections.
- **MEDICAL:** The individual must submit certification by a physician stating that the physical condition of the individual is such that his or her health would be endangered by such immunization.

Health care provider signature and/or stamp: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# THOM HANNUM'S MOBILE PERCUSSION SEMINAR

## Sample Schedule

### Monday, July 15, 2024

10:30 – 11:30am	Registration: Dormitory
11:30 – 1:00	Lunch: Dining Commons
1:15 – 3:00	Session 1: Lot 33
3:00 – 3:15	Break
3:15 – 4:45	Session 2: Lot 33
5:00 – 6:15	Dinner: Dining Commons
6:30 – 8:45	Session 3: GNP Band Building/Grinnell

### Tuesday, July 16, 2024

7:00 – 8:15	Breakfast: Dining Commons
8:30 – 9:45	Session 1: Lot 33
9:45 – 10:00	Break
10:00 – 11:30	Session 2: Lot 33
11:45 – 1:00	Lunch: Dining Commons
1:15 – 2:30	Session 3: Lot 33
2:30 – 2:45	Break
2:45 – 3:15	Final Review
3:15 – 3:30	<b>Performance</b> and Closing Remarks
3:45	Check Out