



MIDDLE SCHOOL BAND CAMP REGISTRATION FORM

July 8-12, 2019

To participate in the CMS Middle School Band day camp, students must have performed in a school instrumental program or studied privately for one school year. If experience is less, a music teacher's signature is required. **Placement auditions will take place on Sunday, July 7. Please print or type.**

Date: _____ Instrument: _____ Birthdate: _____ Age: _____

Name: _____ Grade: _____
Last First Middle (Fall 2019)

Street Address _____ City _____ State _____ Zip _____

School Attending Fall 2019 _____

Parent/Guardian's Name _____ Phone (home/cell) _____ E-mail _____

Emergency Contact Information: List the name and contact information of the person who may be reached in case of an emergency. Please note, your emergency contact information and signed Media Release/Medical Treatment Authorization form (provided) is required for registration.

Name _____ Phone (home/cell) _____ (work) _____

I wish to be a camp volunteer! (If checked, please complete the reverse side of this registration form)

Camp Fee: \$225.00 (includes camp t-shirt, one DVD featuring end-of-camp performances, and non-refundable \$20 deposit) \$ 225.00

Circle T-Shirt Size: YOUTH: S (6-8) M (10-12) L (14-16) ADULT: S M L XL

NOTE: Shirt sizes cannot be exchanged after June 21, 2019

Purchase Additional Concert DVD(s): \$15.00 per additional DVD \$ _____

TOTAL AMOUNT DUE (payment can be made by check or credit card): \$ _____

Deposit: A non-refundable \$20 deposit is due with your registration form. The remaining portion of the camp fee (\$205) is due by the deadline listed below. **After June 21, 2019, there will be no refunds except in the event of illness.** If your registration is declined due to instrumentation limitations, you will receive a full refund.

Deadline: Registration and payment deadline for camp is June 21, 2019. Students may not be allowed to attend camp if full payment has not been received by this deadline.

How did you hear about us? _____

Refer a friend: If campers refer a friend who did not attend camp last year, and this person registers, the camper who made the referral will receive a \$25 CMS gift certificate. **If you were referred to camp by a friend, please provide his/her name:** _____

Teacher Recommendation: I recommend _____ for the MSU Community Music School Middle School Band Camp.

Signature of school music or private teacher _____ Phone _____ School _____

PAYMENT INFORMATION

Pay by check. Make checks payable to Michigan State University. A check in the amount of \$ _____ has been enclosed.

Pay by credit card. Please provide the following information.

Credit card number _____

Expiration date _____

Card holder's name (please print) _____

Card holder's signature _____

Amount approved to charge _____

SEND COMPLETED REGISTRATION TO: MSU Community Music School; 4930 S. Hagadorn Rd., East Lansing, MI 48823
 Questions? Contact us at (517) 355-7661.



Middle School Band Camp Parent Volunteer Information Form

Name: _____

Phone number: _____ Email: _____
(home/cell)

Please circle the days and times that you are available to volunteer:

	<u>Lunch</u>	<u>Concert</u>
Monday	11:15 a.m. - 12:45 p.m.	
Tuesday	11:15 a.m. - 12:45 p.m.	
Wednesday	11:15 a.m. - 12:45 p.m.	
Thursday	11:15 a.m. - 12:45 p.m.	
Friday	11:15 a.m. - 12:45 p.m.	5:45 - 6:45 p.m.

Lunch: 3-5 parent volunteers are needed to accompany campers from the Community Music School to the cafeteria across the street. Volunteers will also help camp staff in supervising campers during the lunch period. Parents who work this shift will receive a free lunch in the cafeteria.

Concert: 4-6 parent volunteers are needed to supervise campers before the final camp concert. (Volunteers will be able to watch the performance from the audience.)

Thank you for your willingness to volunteer during your child's camp experience. A camp staff member will contact you in late June/early July to confirm your assignment(s).

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: _____
Event Date(s): _____
County: _____

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU CMS are sometimes photographed and videotaped for use in MSU CMS promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) _____

Signature _____

(Parent or guardian must sign here if subject is under age 18.)

Date _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name _____

Birth date _____ Phone (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

Does the participant have any chronic health problem or illness? _____

Does he or she have any acute illness now? _____

Has the person been treated recently for some medical problem? _____

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics? _____

Does he or she have any allergies? _____

Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program, medical

treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CMS staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ Date _____

Daytime phone (_____) _____

Evening phone (_____) _____



MIDDLE SCHOOL BAND CAMP

JULY 8-12, 2019

The Middle School Band Camp is a day camp for middle school students who have completed at least one year of instrumental study. This five-day camp provides students with the opportunity to perform with other talented students, receive class instruction in instrumental technique, and explore music through musicianship classes. Camp instructors include faculty members of CMS. On the final day of camp, campers will perform in a concert for family and friends.

Tuition

Tuition is \$225. Lunch is included and is served at a campus residence hall cafeteria. Campers are chaperoned during the lunch period. Tuition includes a DVD of the final performance. *Financial assistance is available if needed. Contact CMS for more information.*

Instrumentation

Every effort is made to create balanced band instrumentation. Listed below are the numbers of students typically accepted for each instrument. Acceptance is on a first come, first served basis. The camp registration form and payment must be received by the CMS office to reserve a camper's place. Once instrumentation needs are met, a waiting list is created in case a placed camper is no longer able to attend. The instrumentation needs below reflect two bands.

Auditions

Campers will be placed into one of the two bands based on their playing audition on **Sunday, July 7**.

Audition music and times will be assigned and mailed prior to audition day. If you cannot make the given time, please contact CMS.

Schedule

Camp begins at 9 a.m. and concludes at 2:50 p.m.

Below is a typical daily schedule:

9–10:15 a.m.	Band rehearsal
10:20–11:20 a.m.	Music theory & appreciation class
11:25–12:45 p.m.	Lunch
12:45–1:45 p.m.	Sectionals
1:50–2:50 p.m.	Band rehearsal

All rehearsals and classes are held at CMS (4930 S. Hagadorn Rd., East Lansing, MI 48823). A map will be included with the audition materials mailed in June.

Camp Concert

Camp will culminate with a performance on the MSU campus on Friday, July 12 at 7:00 p.m.

Desired Instrumentation	Oboe..... 8	Baritone Saxophone..... 4	Euphonium..... 8
Flute..... 40	Bassoon..... 8	Cornet/Trumpet..... 36	Tuba..... 8
Clarinet..... 40	Alto Saxophone..... 20	French Horn..... 16	Percussion..... 14
Bass Clarinet..... 8	Tenor Saxophone..... 4	Trombone..... 24	



Community Music School
College of Music
MICHIGAN STATE UNIVERSITY

4930 S. Hagadorn Rd., East Lansing, MI 48823
commusic@msu.edu • www.cms.msu.edu • (517) 355-7661

Help spread the word about Middle School Band Camp and share this flier with friends!