



TIME TO SHINE

MUSICAL THEATRE CAMP

JULY 13-24, 2020

Don't miss the chance to take center stage at the "Time to Shine" Musical Theatre Camp — a one- to two-week day camp for elementary, middle, and high school students.

Campers in grades 8-12* spend two full weeks developing music theatre skills including solo and ensemble voice development and choreography, while focusing on healthy singing using musical theatre repertoire.

Campers in grades 2-8* join in the second week to learn a variety of music theatre skills appropriate for this age group.

**Students going into 8th grade have the option to attend the full two weeks of camp or just the second week.*

Tuition

\$315 for grades 8-12 (July 13-24, 2020)

\$230 for grades 2-8 (July 20-24, 2020)

Tuition includes a camp t-shirt, lunch during camp, and a DVD of the end-of-camp performance.

Financial assistance is available if needed.

Contact CMS for more information.

Schedule

Camp begins each day at 9 a.m. and concludes at 3 p.m. Lunch is provided and served at an MSU campus residential dining hall. Campers are chaperoned during the lunch period.

Camp Revue

Campers show off their newly-learned skills at the end-of-camp revue featuring scenes and songs from many popular musicals on **Friday, July 24, 2020, 7 p.m. at the MSU Auditorium.**



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 the "Time to Shine" Musical Theatre Camp and share this flier with friends!



“TIME TO SHINE” MUSICAL THEATRE CAMP REGISTRATION FORM
July 13-24, 2020

To participate in the CMS “Time to Shine” Musical Theatre Camp, students must be between grades 2-12. Campers in grades 8-12 attend for two weeks and campers in grades 2-8 join for the second week (July 20-24). Students going into 8th grade have the option to attend the full two weeks of camp or just the second week.

Please print or type.

Date: _____ Birthdate: _____ Age: _____

Name: _____ Grade: _____
Last First Middle (Fall 2020)

Street Address _____ City _____ State _____ Zip _____

School Attending Fall 2020 _____ Ethnicity (optional) _____

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)

Grades 8-12 Camp Fee: \$315 (two weeks) **Grades 2-8 Camp Fee: \$230** (one week)
(Camp fees include camp t-shirt, one DVD featuring end-of-camp performances, and non-refundable \$20 deposit) \$ _____

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 July 1, 2020

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 (\$295 or \$210) is due by the deadline listed below. **After July 1, 2020, there will be no refunds except in the event of illness.** If your registration is declined due to enrollment limits, you will receive a full refund.

Deadline: Registration and payment deadline for camp is July 1, 2020. 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:** _____

List all relevant performance experience (no experience required): _____

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.

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 (_____) _____



“Time to Shine” Musical Theatre Camp Parent Volunteer Information Form

Name: _____

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

Please circle the days and times that you are available to volunteer during week 2 of camp (July 20-24):

	<u>Lunch</u>	<u>Costume/Prop/Scene Design</u>
Monday	11 a.m. - 12:30 p.m.	
Tuesday	11 a.m. - 12:30 p.m.	10 - 10:30 a.m.
Wednesday	11 a.m. - 12:30 p.m.	10 - 10:30 a.m.
Thursday	11 a.m. - 12:30 p.m.	10:15 - 11 a.m.
Friday	11 a.m. - 12:30 p.m.	

Please check if you are available to volunteer at the camp revue Friday evening

Lunch: 3-5 parent volunteers are needed to assist supervising campers during the walk to and from the campus residential dining hall and during lunch period.

Costume/Prop/Scene Design: 4-6 parent volunteers are needed to assist campers during the morning session with simple costume, prop, and scene design. Directions for how to create designs will be provided.

Camp Revue: 6 parent volunteers are needed to supervise campers and hand out programs 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).



MSU Community Music School Camper Handbook

Medical/Behavioral Incidents or Emergencies

Each student is required to submit a completed Authorization for Medical Treatment form to the Community Music School. This form gives the Community Music School permission to seek medical treatment necessary for the care of the student and to incur necessary medical costs for which the parent(s)/guardian(s) are fully responsible. The form also gives the medical facility authorization to release any and all information required to complete insurance claims and also authorizes insurance payment directly to the medical facility. In the event of a serious injury or illness, the parent(s)/guardian(s) will be contacted. Treatment will proceed before contacting the parent(s)/guardian(s) only if the situation is urgent and requires immediate attention.

Medicine

Please discuss all prescription medicine and medical needs with the camp coordinator. Arrangements can be made if medicine is to be held by camp staff. If medicine requires refrigeration, please inform the camp coordinator as soon as possible to make arrangements.

Camp Attire

Students should wear comfortable, casual clothing and should adhere to school dress codes and should be appropriate. If your clothing is not considered appropriate, you will be asked to change or add additional clothing.

Camp Rules

We assume that you are here at camp to learn and to enjoy the company of others with similar interests. Camp rules are designed to keep you safe and ensure a positive experience for all. In addition to being good citizens and obeying the law, the following rules apply:

1. Be punctual. Classes and rehearsals will begin promptly at the specified time. Do not waste the time of others by being late. Attendance at all scheduled camp events is mandatory. The staff will seek you out if you are not where you need to be when you need to be there.
2. Show courtesy and respect to all campers, staff and property.
3. Show courtesy and respect to yourself.
4. You are required to be with camp staff during all camp activities.
5. Use the restroom between activities so to not disrupt the flow of camp activities.
6. Do not use your cell phone during rehearsals and classes. Please give instructors, peers and camp staff your undivided attention at all times.
7. Do not lose your name tag. Your name tag lets campers and staff know who you are, and you must have your name tag to be admitted to the cafeteria.

Behaviors and Activities Not Permitted

- Possession and/or consumption of alcohol, tobacco products, illegal drugs, fireworks, guns and other lethal weapons on and off campus.
- Tampering with fire alarms, safety, or security equipment.
- Malicious damage of university or personal property.
- Gum, candy, food and beverages are not allowed in classrooms, studios, and performance spaces.
- Gambling.
- Excessive noise or horseplay.
- Harassment or intimidation of other campers or staff.
- Intimate contact with other students (e.g., kissing, touching)
- Theft of personal property or university property.
- Bike riding or rollerblading indoors.
- Removing food, glassware, utensils, and other material from the cafeteria.
- Violations of federal/state laws.

Conduct Rules

- Misuse or damage of University property/building is prohibited and participants who are found misusing or damaging University property may be financially responsible for all damages. (i.e. destroying instruments, writing on walls, etc.).
 - No theft of property regardless of owner will be tolerated.
 - Hazing and bullying, which includes physical, verbal or cyber-bullying will not be tolerated by MSU or CMS.
 - MSU and CMS prohibits the possession and use of alcohol, tobacco, drugs, fireworks, guns and other weapons.
 - No violence, sexual harassment, sexual conduct or other sexually inappropriate conduct of any kind will be tolerated at MSU or CMS. The University Policy on Relationship Violence and Sexual Misconduct can be found at https://hr.msu.edu/policies-procedures/university-wide/rvsm_policy.html.
 - No harassment in violation of the University Anti-Discrimination Policy will be tolerated. The University Anti-Discrimination Policy can be found at http://www.com.msu.edu/Admissions/Anti_Discrimination.pdf.
 - MSU and CMS prohibits the use of cameras and other digital recording devices (i.e. cell phones, tablets, etc.) in bathrooms and other areas where privacy is expected by participants.
 - Consistent with Title IX, MSU's Relationship Violence and Sexual Misconduct Policy and Anti-Discrimination Policy expressly prohibit discrimination on the basis of sex. Discrimination on the basis of sex includes:
 - Excluding, separating, denying benefits to, or otherwise treating a person differently on the basis of sex
 - Sexual harassment
 - Sexual assault
- MSU's Title IX Coordinator oversees the University's compliance with Title IX, including its complaint procedures, and is available to meet with youth program participants about matters involving sex discrimination. You can reach the MSU Title IX coordinator at (517) 353-3922 and <https://civilrights.msu.edu/>.

If a participant or any other individual associated with the CMS program is alleged to have violated any of the University policies or conduct rules of the program, the participant is subject to dismissal and/or removal as a CMS student/client/family.

The CMS faculty and staff are committed to treating students, clients, parents/guardians and fellow faculty/staff with respect. Likewise, to continue to cultivate a safe and welcoming environment, we expect all of our students and clients to be respectful of other CMS students and clients, faculty and staff.

Accommodations

Michigan State University and the MSU Community Music School are committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities and special needs may be requested by contacting Katie Pletka, CMS registrar and camps coordinator, at (517) 884-4823 or pletka@msu.edu.

Loss of Personal Property

It is recommended that participants do not bring valuables to camp (e.g. cell phones, iPods, portable gaming systems, digital cameras, etc.). MSU Department of Police and Public Safety will be contacted in the event of theft/loss. MSU and CMS are not responsible for lost or stolen personal property.

Emergency Procedures

In case of an emergency at home, parents/guardians who need to contact their camper should check with the camp coordinator for communication information by calling the CMS office at (517) 355-7661.

Please complete and return the parent/guardian consent form on the following page.



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**MICHIGAN STATE UNIVERSITY YOUTH PROGRAM
PARENT/GUARDIAN CONSENT FORM**

I grant permission for (print participant's name) _____ to participate in all educational and social activities of the following MSU program or activity:

Program name: _____

Program dates: _____

MSU unit/department: Community Music School

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child's selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards his or her safety and security. I will speak with my child about the need to honor safety rules and to behave responsibly.

(Please print):

(Parent or legal guardian)

Signature: _____ Date: _____

**Michigan State University Youth Programs
Pick-up, Drop-off, and Commuter Permission Form**

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

Participant's Name: _____ **Program Name:** _____

Permission for Early/Alternative Release

I, _____, parent/guardian of _____, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

Permission for Youth Participant to Commute Independently

I, _____, parent/guardian of _____, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: _____

Date of Signature: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian E-mail: _____