The WCSU Summer String Camp and the WCSU Summer Band & Jazz Camp, respectively, are one-week residential camps for string players and instrumentalists in grades 5–12. The week kicks off with ensemble auditions in which students are placed in level-appropriate groups for the week. In addition to ensemble work, campers receive sectional coaching with masters who specialize in an instrument. Students also attend daily master classes and performances. The week’s activities culminate in a student concert to which parents are invited.

Campers are housed in Newbury Hall, a residential hall on the campus of Western Connecticut State University. Newbury Hall is supervised by first-aid certified adult counselors.

While these camps offer an opportunity for musicians to hone and develop their music skills, students also have fun! During free time, they attend concerts and movies and participate in volleyball, kickball, wiffle ball, frisbee and other games.

Whether you are attending a music camp for the first time or are a returning student wishing to expand your playing experience, you will find the WCSU Summer Music Camps a stimulating and exciting summer musical experience. This comprehensive program of instruction and performance opportunities, combined with a versatile sports and recreational program, promises to be one of the most enriching experiences of your life.

We hope to see you there!

Scholarships: You may be eligible for one scholarship:

- $100.00 for participation in 2011 all-state or region festival (please include program)
- $100 for participation in youth orchestra (include 2011 program)

All correspondence will be via e-mail. Please add piechotal@wcsu.edu to your safe-sender list.
Please Register for the following:

- Summer Strings
  for string instrumentalists grades 5–12
  July 10 – July 16
  □ Commuter ($550) □ Resident ($740)

- Summer Band and Jazz
  for band instrumentalists grades 5–12
  July 17 – July 23
  □ Commuter ($550) □ Resident ($740)

Name: 
Male □ Female □

Address:

City: State: Zip:

Parent e-mail: Musician e-mail:

Phone: Cell Phone:

Age on July 1, 2011: Grade Fall 2011:

Private Teacher:

Primary Instrument: Secondary:

Band Camp Only:
I would like to audition for jazz band □ Yes □ No
Jazz Band Instrument: □ Drums □ Trumpet □ Guitar □ Piano □ Sax □ Trombone □ Bass

T-shirt size: □ S □ M □ L □ XL (Adult Sizes) (Cost of t-shirt included in tuition.)

Location: All music camps are held on Western Connecticut State University’s Midtown campus at 181 White Street in Danbury, Connecticut.

Accommodations:
WestConn’s Midtown campus facilities provide on-campus housing and three meals daily. Each room is equipped with two single beds. Students are supervised by adult live-in counselors.

Make checks payable to: WCSU Music (No refunds after June 1, 2011)

Send to: Music Department, WCSU, 181 White Street, Danbury, CT 06810

Phone: (203) 837-8614 Fax: (203) 837-8630 e-mail: piechotal@wcsu.edu

Form & tuition due by May 15, 2011

Western Connecticut State University
Summer Music Camp 2011
Mission Statement

The summer music programs at Western Connecticut State University foster growth in every participant. We strive to promote individual learning and growth through working in ensemble settings. We, as individuals, love our gift of music and take great pride and joy in working with young musicians. It is our hope to foster that love of music within each camper that passes through our rehearsals, no matter what skill level, no matter what their career goals are. Our goal is for campers to have a fun and enjoyable week here.

Expectations

Attendance – We expect that campers will be ready to begin classes and rehearsals at the appropriate time. All rehearsals and classes are mandatory in order for students to reap the benefits of the camp program. Failure to be punctual will result in disciplinary action.

Attire – Campers are expected to choose clothing that will make them comfortable and capable of rehearsing in a productive manner. Distracting clothing will take away from the experience.

Attitude – Campers are expected to carry a positive attitude throughout the week. Actively participating, challenging themselves, and keeping a positive outlook will make camp a wonderful and enjoyable experience.

Code of Conduct

The staff at WCSU music camp wants your week at camp to be filled with exciting experiences, new friendships and fun. In order for this to happen, campers are expected to be considerate of others, participate fully in the camp program, observe camp rules, and respect all camp facilities. Severe violations will result in the camper being sent home without refunds.

General Policies

Personal Appearance – If students are dressed inappropriately, they will be asked to return to their dorms and change.

Alcoholic Beverages / Illegal Drugs – Possession and/or use of alcoholic beverages or illegal drugs will result in immediate expulsion from camp with no refund.

Smoking – There is no smoking allowed by any student at any time while at camp. Smoking will result in immediate expulsion from camp with no refund.

Moving around campus – All campers must travel between buildings using the buddy system. Campers may ONLY be in designated camp areas.

Vehicles - While at camp, resident campers are not allowed to ride in or be in possession of any motor vehicle. Commuter students are not allowed to leave campus during the day.

Respect of Property – Any student defacing any property, whether public or private, will be liable for damages and considered for expulsion.

Meal Rules

All meals are mandatory. Check in with your counselor upon entering. Make sure you eat something healthy, and drink plenty of fluids. Remember to leave the space as you found it – no garbage should be left on the table or the floor. Failure to comply will result in clean-up duty for the following meal.

Free Time

During morning announcements, all campers must sign up for free time activities. Campers are never to be in areas unsupervised by WCSU camp staff.
Medication

Campers are not allowed to be in possession of over-the-counter or prescribed medication while at camp, nor are they allowed to self-administer medication. All medication must be turned in to the appropriate camp staff at camp registration, and must be properly documented on the camper’s health forms.

Phone Usage

Campers are only allowed to call home during free time. Phones should not be used during rehearsals or after lights out. While bringing cell phones to camp is discouraged, any cell phone that is brought to camp must be registered with a counselor. Students will be allowed to hold onto their cell phones, but must adhere to regular phone usage rules. Inappropriate use of the cell phone will result in confiscation of the cell phone for the duration of camp.

Auditions

Students should select a piece that demonstrates their level of ability (i.e. region audition piece, NYSSMA piece, all-state piece, etc.) to determine ensemble placement. School music teachers or private lesson teachers should be able to help you select a piece. Auditions will also include sight-reading and a scale up to 4 sharps or 4 flats. For some additional audition guidelines, please check our website. All audition results are final.

Concert Information

This year, our concert will be on Saturday, July 16\(^{th}\) at 12 noon. There will be no formal intermission – just enough time to make necessary stage changes. Campers will be fed brunch prior to the concert, and will wear their camp t-shirt for the concert with neat khaki or denim shorts.

Resident Information

Check-In: Sunday, July 10\(^{th}\), 2011  9am-11am  Newbury Hall Lobby
- All parents are asked to leave campus by 11:30am. There will be a luncheon and orientation for residents at 12pm, followed by placement auditions.

Check-Out: Saturday, July 16\(^{th}\), 2011 immediately following the concert

Dorm Rules:
- Curfew – All students are expected to be on their own floor at 10pm. Lights out will be at 10:30pm SHARP. If students need to go to bed earlier, they need to check in with a counselor. Failure to comply with curfew and lights out rules will result in early lights out (10pm) the following day.
- Fire Drills – At some point during the course of camp, a fire drill will happen. Please make sure to be fully clothed, and have your shoes on before exiting the building. Please exit the building in a quiet and orderly fashion. DO NOT RUN!! Check in with your counselor when you get outside.
- Mail / Messages – Check the Message bulletin board outside the RD’s room for messages or mail.
- Ordering Food – Only counselors can order food for campers, which must be done before 9pm. If you wish to order food, talk to a counselor.
- Practice in the Residence Halls – Practicing will be allowed in the dorms between 7am and 10pm only when a counselor is present in the dorms.
- Room Condition – Rooms should be kept in a respectable manner. For your own protection, keep your door locked at all times. DO NOT give your room code out to ANYONE. We are not responsible for any damaged or stolen personal items.
• Room Visitation – Boys and girls are separated by floor. Girls are not allowed on the boys’ floors at any time, nor are boys allowed on girls’ floors at any time. Failure to adhere to this rule will result in the loss of the evening activity.

What to bring:
• Dormitory Items - Bedsheets (extra long twin), pillows, blankets, toiletries (shampoo, soap, toothbrush, toothpaste, etc.), shower shoes, towels, hangers, alarm clock, fan, etc.
• Clothing - T-shirts and shorts are recommended. Bring comfortable shoes. A sweater or sweatshirt is recommended for air-conditioned classrooms.
• Concert Dress - Bring khaki or denim shorts. A camp t-shirt will be provided!
• Instruments - Make sure to bring extra rosin, strings and any extra items you may need to keep your instrument in working order.
• Extra Items - Camera & film, no more than $50 in spending money for snacks at camp store, cellular phone.
• Bring a pencil!

What NOT to bring:
• Please do not bring TVs, computers, hand-held video games, valuables, or any other unnecessary personal belongings.

Commuter Information

Check-In: Sunday, July 10th, 2011  3pm  White Hall 023

Check-Out: check schedule for tentative daily check-out times

• All commuters and their parents are expected to attend a brief meeting at 3pm to officially check-in. Students will be given their audition time at this meeting, and parents will be given an information packet with finalized details for the week.
• Commuters are expected to be at camp promptly at 8:45am each day. Please see the enclosed schedule for tentative check-out times each day.
• Parents of commuters will sign their campers in and out every day at the registration table in White Hall near room 125.
• Commuters over the age of 16 may sign themselves in and out.
• Commuters are expected to leave camp at the completion of their last rehearsal, unless there is an evening activity, which the commuters are allowed to attend. Please see the enclosed schedule for tentative check-out times each day.
• Commuters cannot leave campus during the day.
• Commuters are not allowed to transport any students in their car without permission from all legal guardians involved.

What to bring:
• Clothing - T-shirts and shorts are recommended. Bring comfortable shoes. A sweater or sweatshirt is recommended for air-conditioned classrooms.
• Instruments - Make sure to bring extra rosin, strings and any extra items you may need to keep your instrument in working order.
• Extra Items - Camera & film, no more than $50 in spending money for snacks at camp store, cellular phone
• Bring a pencil!

What NOT to bring:
• Please do not bring TVs, computers, hand-held video games, valuables, or any other unnecessary personal belongings.
Emergency Contact Information

If an emergency arises during camp, and you need to contact us, please call 203.837.8614 during normal business hours, or the WCSU Police Department at 203.837.9300 after hours.

Directions to WCSU’s Midtown Campus:

www.wcsu.edu/directions

We still have openings, so tell your friends! We can accommodate roommate requests.

We look forward to seeing you in July! If you have any questions, please let us know.

Thanks,

Laura Piechota
piechotal@wcsu.edu
203.837.8614

String Camp 2011 Schedule
(subject to change)

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30-8:30</td>
<td></td>
<td></td>
<td></td>
<td>Breakfast</td>
<td></td>
<td></td>
<td>Wake Up &amp; Pack Commuters arrive 945</td>
</tr>
<tr>
<td>8:30-9:00</td>
<td></td>
<td></td>
<td></td>
<td>Announcements</td>
<td>8:45 Commuters Arrive</td>
<td></td>
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</tr>
<tr>
<td>9:00-12:00</td>
<td>Residents Move In</td>
<td></td>
<td></td>
<td>Rehearsals, MIDI &amp; Musicianship</td>
<td>Concert Rehearsal &amp; Brunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Lunch &amp; Resident Meeting</td>
<td></td>
<td></td>
<td>Lunch</td>
<td></td>
<td></td>
<td>Final Concert 12 pm</td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>Auditions</td>
<td></td>
<td></td>
<td>Free Time &amp; Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00-4:00</td>
<td>Commuter Meeting 3pm</td>
<td></td>
<td></td>
<td>Rehearsals, MIDI &amp; Musicianship</td>
<td></td>
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</tr>
<tr>
<td>4:00-5:00</td>
<td></td>
<td></td>
<td></td>
<td>Choir</td>
<td>Commuter P/U 5pm unless noted below</td>
<td></td>
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<tr>
<td>5:00-6:00</td>
<td></td>
<td></td>
<td></td>
<td>Dinner</td>
<td></td>
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</tr>
<tr>
<td>6:00-9:00</td>
<td>Concert Commuter P/U 8pm</td>
<td>Resident Activity</td>
<td>Resident Activity</td>
<td>Resident Activity</td>
<td>Resident Activity</td>
<td>Camp Carnival Commuter P/U 8pm</td>
<td></td>
</tr>
<tr>
<td>9:00-10:00</td>
<td></td>
<td></td>
<td></td>
<td>Free Time</td>
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<td></td>
<td></td>
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<tr>
<td>10:00-10:30</td>
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<td></td>
<td>Lights Out</td>
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</tbody>
</table>
An important note about forms:

The forms listed **must be submitted** or you will not be eligible to attend camp.

Camp Application (with tuition)
Parent-Camper Contract
Participant Health Information (2 Pages)
Physical Exam Record
Medication Authorization **(Only required if camper will take prescription medication)**

Your child must have had a physical examination on or after **July 17, 2008 in order to attend String Camp in 2011.** You must submit the Physical Exam Record (completed and signed by your child’s medical practitioner) **by July 1, 2011.** You may submit your doctor’s form instead, if it contains the following:

- the date of your child’s last physical examination
- immunization record for the routine immunizations listed on the Physical Exam Record
- any information pertinent to routine or emergency care
- list of prescription or over-the-counter medication**
- a list of allergies and/or special diet needs
- name, address and phone number of the medical care provider
- signature of Physician, PA, APRN, or RN

If your child attended camp in 2009 or 2010 we may have a valid Physical Exam Record on file. Contact Laura’s office at musiccamp@wcsu.edu to check if you need to submit a new form.

If your child will be taking prescription medication you must also submit the Medication Authorization form. This form needs to be signed by the prescriber and a parent or guardian. You must submit a separate form for each medication.

We can only accept tuition payments in the form of cash, check or money order. Please make checks and money orders payable to WCSU. You may submit several payments or pay at once. **Balances are due on July 1, 2011.**

**RESIDENT CAMPERS:** We have a limited number of Resident Camper spots. If on July 1, we have not received all of your forms and payment, and if you have not contacted us with any special circumstances, **you may lose your spot in the dorms.**

Please contact Laura Piechota at 203.837.8614 or piechotal@wcsu.edu at musiccamp@wcsu.edu with any questions or concerns.
String Camp 2011
Parent-Camper Contract
Complete and return by July 1, 2011.

Parent/Guardian:
I/We understand that if a medical problem or condition arises, every reasonable attempt will be made by WCSU music camp staff to contact the parent/guardian.

I/We give permission for photographs or videotapes to be taken during WCSU Summer Music Camp Events and concerts. These may be used for promotional purposes.

I/We give my/our child permission to see movies up to and including the following rating (circle one):

G    PG    PG-13

I/We have read the camp handbook and understand the camp expectations (circle one):

Yes   No

Resident Roommate Requests: ____________________________________________________________

(Requests will only be accommodated if all parties are in agreement.)

Camper’s age on July 1, 2011: ________

Sex (circle):  Male  Female

Camp (circle):  Band  String

________________________________________  __________________________________________
Parent Signature                     Date

________________________________________
Print Parent Name

Camper:
I have read the Camp Handbook and understand the camp expectations (circle one):

Yes   No

________________________________________  __________________________________________
Camper Signature                     Date

________________________________________
Print Camper Name
This form (TWO PAGES) must be completed and signed by the participant’s legal guardian for all participants who are under 18 or haven’t completed high school in order to attend. The information we ask you to provide is necessary in the event your child needs medical treatment while the programs are in session. This form is due by July 1, 2011

Participant Information
Camper Name __________________________________________ Date of Birth ___ / ___ / ______ Gender __________________________
Home Address ____________________________________________
__________________________ Street __________________________
Home Phone (____) _____ - ________ City __________________________
Grade entering Fall 2011: _______________________________________

Parent / Guardian Emergency Contact Information
Parent / Guardian __________________________________________ Relationship to Camper __________________________
Home Address __________________________________________
__________________________ Street __________________________
Home Phone (____) _____ - ________ City __________________________
Work Phone (____) _____ - ________ Usual Work Hours: __________________________
Cell Phone (____) _____ - ________

Parent / Guardian __________________________________________ Relationship to Camper __________________________
Home Address __________________________________________
__________________________ Street __________________________
Home Phone (____) _____ - ________ City __________________________
Work Phone (____) _____ - ________ Usual Work Hours: __________________________
Cell Phone (____) _____ - ________

Alternate Emergency Contact (non parent/guardian)
Name __________________________________________ Relationship to Camper __________________________
Home Address __________________________________________
__________________________ Street __________________________
Home Phone (____) _____ - ________ City __________________________
Work Phone (____) _____ - ________ Usual Work Hours: __________________________
Cell Phone (____) _____ - ________

Name __________________________________________ Relationship to Camper __________________________
Home Address __________________________________________
__________________________ Street __________________________
Home Phone (____) _____ - ________ City __________________________
Work Phone (____) _____ - ________ Usual Work Hours: __________________________
Cell Phone (____) _____ - ________

Allergies
Known Allergies to medications ________________________________________________________________
Other known allergies (food / environmental) ____________________________________________________

Activity Restrictions
_____ My child has certain activity restrictions. Explain: ___________________________________________
Participant Health Information - Page 2

Prescription Medication

_____ My child will **not** take medication.

_____ My child will take medication. Please return one completed and signed Medication Authorization form for **each** prescription that your child will take. We are not able to administer medication without the completed authorization.

Over-the Counter Medication

Listed below are some of the over-the-counter medications approved by our camp physician for use by our camp health staff, in accordance with our treatment procedures. **You do not send these to camp.** Please indicate if your child may/may not be given these medications. **(PLEASE CIRCLE “YES” OR “NO” FOR EACH).**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen (Advil)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Benadryl</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sudafed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Robitussin Expectorant</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

NOTE: Any medication being submitted must be in the original container. Prescription medications must have the prescription on them or they will **not** be accepted.

Insurance Information

Name of Insurer ___________________________ Policy Number ___________________________

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD.

Additional Information

Please use this space to provide us with any additional relevant information:

________________________________________

________________________________________

________________________________________

Medical Treatment Consent

I, the legal guardian of the above-named camper, give permission to WCSU Summer Music Camp Health Supervisor to provide routine health care, administer prescribed medications and seek emergency medical treatment as they see necessary at Danbury Hospital or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant’s session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp Director authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the above-named child. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims. I understand that whenever possible, the Camp Director will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp Director will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Signature of Parent / Guardian ___________________________ Date: ___________________________

Print Name: ___________________________
WCSU String Camp 2011
Physical Exam Record

A physical examination is **required** within 3 years of the final date that your child will attend the 2011 WCSU Summer Music programs. This form **must** be completed and signed by one of the specified medical practitioners listed in the signature section at the bottom of the form prior to participation in the summer music program. **Your child will not be permitted to participate in the program without a signed and completed copy of this form on file.** This form is due July 1, 2011.

Name ___________________________________________ Date of Birth _____ / _____ / __ Sex ____________________

---

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

Date of last physical exam: _____ / _____ / _____________

_____ May participate in all camp activities

_____ May participate except for: ____________________________

Medical information pertinent to routine care and emergencies: ____________________________

---

Is this individual taking prescription or over the counter medication(s)? **Yes** **No**

If yes, indicate names of medication(s): ___________________________________________________

---

Does the individual have allergies? **Yes** **No** Explain: ______________________________________

---

Is the individual on a special diet? **Yes** **No** Explain: ______________________________________

---

Does the individual have special needs? **Yes** **No** Explain: ______________________________________

---

**This participant is up-to-date** on the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practice:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Pneumococcal conjugate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>Polio</td>
<td></td>
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</tr>
</tbody>
</table>

Comments: ___________________________________________________________________________

---

Print name of medical care provider: _____________________________________________________

---

Medical Care Provider’s Address: ________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

---

Telephone Number: __________________________________________________________

---

Signature of Physician, PA, APRN or RN: ____________________________

---

Date Form Signed: ________________________________________________
If the camper will be taking prescription medication, this form must be filled out and signed by a parent/guardian and by the prescriber. Please complete and return this form by July 1, 2011. Any medication being submitted must be in the original container. Prescription medications must have the prescription on them or they will not be accepted.

**Authorized Prescribers Order** (Physician, Dentist, Physicians Assistant, Advanced Practice Registered Nurse):

Child’s Name __________________________________________ Date of Birth _____/____/______ Today’s Date _____/____/______

Medication: __________________________________________ Controlled Substance Yes No

Dosage __________________________________________ Method __________________________________________

Administered: Breakfast Lunch Dinner Bedtime Other ______________

Specific Instructions for these Medications ________________________________________________________________

____________________________________________________________

Length of time medication is being taken Start Date _____/____/______ Stop Date _____/____/______

Can the child self-administer the medication? Yes No

Side Effects for the Medication ________________________________________________________________

____________________________________________________________

Plan of Management for Side Effects ________________________________________________________________

____________________________________________________________

Food or Drug Allergies? Yes No Reactions? Yes No Interactions? Yes No

If “yes” to any of the above, please explain ______________________________________________________________

Prescriber Name __________________________________________ Phone Number (_____) _____ - ______

Prescriber’s Address __________________________________________ City ___________ State Zip __________________

Street

Prescriber Signature __________________________________________ Date __________________

**Parent/Guardian Authorization for Administration of Medication as described and directed above:**

Name __________________________________________ Relationship to Camper ______________________________

Home Address __________________________________________

Street __________________________________________ City ___________ State Zip __________________

Home Phone (_____) _____ - ______

Parent/Guardian Signature __________________________________________ Date __________________