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.

Camp 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, unless the child’s physician indicates that the child may self administer an emergency rescue medication (i.e. epi pen or rescue inhaler) on the Prescription Medication Authorization form and the child must notify camp staff immediately after use. All prescription medication must be turned in (in original containers with valid prescription numbers and expiration dates) to the appropriate camp staff at camp registration with Prescription Authorization forms. If the camper will take over-the-counter medications while at Band Camp a Nonprescription Authorization form must be submitted. You do not need to bring over-the-counter medications with you to Band Camp.

**Phone Usage**

Campers are only allowed to call home during free time. Phones should not be used during rehearsals or after lights out. 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, we will have 3 student concerts at Band Camp:

- The Chamber Ensemble concert will be on Thursday, July 25th at 7pm.
- The Jazz Band concert will be on Friday, July 26th at 7pm.
- The Steel Pan Ensemble and Concert Band Concert will be on Saturday, July 27th at 12:00 noon. There will be no formal intermission – just enough time to make necessary stage changes. Campers will have 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 21st, 2013 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 27th, 2013 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 in the main lobby 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.

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 reeds, cork grease, valve oil, mouthpieces, mutes, and any extra items you may need to keep your instrument in working order.
• Extra Items – Camera; cellular phone; no more than $50 in spending money for vending machines, pizza, ice cream.
• 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 21st, 2013  20 min prior to audition  White Hall 131

- All commuters will receive an audition time via email before camp. Please arrive at White Hall 20 minutes before your scheduled audition time to check in.
- 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 131.
- 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 reeds, cork grease, valve oil, mouthpieces, mutes, and any extra items you may need to keep your instrument in working order.
• Extra Items - Camera; cellular phone; no more than $50 in spending money for vending machines, pizza, ice cream.
• 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](http://www.wcsu.edu/directions)

We still have openings, so tell your friends! We will do our best to 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](mailto:piechotal@wcsu.edu)

203.837.8614

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**Band Camp 2013 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>
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<tr>
<td>7:30-8:30</td>
<td></td>
<td></td>
<td></td>
<td>Breakfast</td>
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<tr>
<td>8:30-9:00</td>
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<td></td>
<td>Announcements 8:45 Commuters Arrive</td>
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<tr>
<td>9:00-12:00</td>
<td>Residents Move In 9-11am</td>
<td>Chamber Rehearsals, Jazz Rehearsals, MIDI &amp; Musicianship</td>
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<td></td>
<td></td>
<td>Wake Up, Pack &amp; Brunch</td>
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<tr>
<td>12:00-1:00</td>
<td>Lunch &amp; Resident Meeting</td>
<td>Lunch</td>
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<tr>
<td>1:00-2:00</td>
<td>Auditions</td>
<td></td>
<td>Free Time &amp; Activity</td>
<td></td>
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<tr>
<td>2:00-4:00</td>
<td></td>
<td>Concert Band &amp; Steel Pan Rehearsals, MIDI &amp; Musicianship</td>
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<tr>
<td>4:00-5:00</td>
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<td>Choir</td>
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<td>Commuter P/U at 5pm unless noted below</td>
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<tr>
<td>5:00-6:00</td>
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<td></td>
<td>Dinner</td>
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<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>Chamber Concert 7pm</td>
<td>Commuter P/U 9pm</td>
<td>Jazz Concert 7pm</td>
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<tr>
<td>9:00-10:00</td>
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<td></td>
<td>Commuter P/U 9pm</td>
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<tr>
<td>10:00-10:30</td>
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<td></td>
<td></td>
<td>Free Time</td>
<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. Please email, fax, or mail forms to the address below by July 1, 2013.
  • Camper Consent Form
  • Physical Exam Record

Your child must have had a physical examination on or after July 27, 2010 in order to attend Band Camp in 2013. You must submit the Physical Exam Record, completed and signed by your child’s medical practitioner, by July 1, 2013. 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 2011 or 2012 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 take over-the-counter or prescription medication while at camp, you must fill out the corresponding form:
  • Nonprescription Authorization - required ONLY if camper will take over-the-counter medication at camp. This form needs to be completed and signed by a parent/guardian. You do not need to bring over-the-counter medications with you to Band Camp.
  • Prescription Authorization - required ONLY if camper will take prescription medication at camp. This form needs to be signed by the prescriber and a parent/guardian. You must submit a separate form for each medication. Please submit all prescription medications at registration in their original bottles with valid prescription numbers and expiration dates.

Tuition Balances are due on July 1, 2013. We anticipate a waiting list for Band Camp this year. 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 at camp.

Please contact Laura Piechota at 203.837.8614 or musiccamp@wcsu.edu with any questions or concerns.

Mail: ATTN Laura Piechota
WCSU
181 White St
Danbury CT 06810

Fax: 203 837 8630

Email: musiccamp@wcsu.edu
Complete and return by July 1, 2013.

Camper Name: ____________________________

Camper’s Age on July 1, 2013 __________

Sex (circle): Male  Female

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. (circle one):
   Yes  No

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

Health Insurance Information

Name of Insurer ___________________________________________ Policy Number ______________________

PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

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 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.

________________________________  ______________________
Parent Signature                 Date

________________________________
Print Parent Name

I have read the Camp Handbook and understand the Camp Expectations:

________________________________  ______________________
Camper Signature                 Date

________________________________
Print Camper Name
WCSU Band Camp 2013
Physical Exam Record

A physical examination is **required** within **3 years** of the final date that your child will attend the 2013 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, 2013**.

Name ____________________________________________ Date of Birth __/___/___ Sex ____________

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**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: __________________________

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

If yes, complete one Prescription Authorization form for EACH prescription medication.

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: __________________________

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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:

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Measles</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Mumps</td>
<td>Diphtheria</td>
</tr>
<tr>
<td>Rubella</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Pneumococcal conjugate</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Polio</td>
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</tbody>
</table>

Comments: _____________________________________________________________________________

Print name of medical care provider: ______________________________________________________

Medical Care Provider’s Address: _________________________________________________________

Telephone Number: __________________________

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Signature of Physician, PA, APRN or RN

Date Form Signed
WCSU Band Camp 2013
Prescription Medication Authorization

If the camper will be taking prescription medication, this form must be filled out and signed by a parent/guardian and by the prescriber. All medications must be in original containers with valid prescription numbers and expiration dates. **Please complete one form for each prescription medication by July 1, 2013.**

**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 __________________________________________
Street City State Zip

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 ________________________________
### ACSU Band Camp 2013
**Non-Prescription Authorization**

Please circle YES or NO for each over-the-counter medication and sign the bottom of the form. **Please complete and return by July 1, 2013**

<table>
<thead>
<tr>
<th>Camper name: ________________________________</th>
<th>Weight: ______</th>
<th>Age: ______</th>
</tr>
</thead>
</table>

**Acetaminophen:**
Tablets (i.e. Tylenol Regular Strength) 325 mg. ea. / Elixir (80 mg per 1/2 tsp)

**Purpose:** pain reliever/fever reducer
**Dosage:**
- <110 lbs: 1 tablet every 4-6 hours as needed; not to exceed 4 tablets in 24 hours.
- >110 lbs: 2 tablets every 4-6 hours as needed; not to exceed 8 tablets in 24 hours.

For Elixir...
- 60-71 lbs: 2 1/2 tsp; 72-95 lbs: 3 tsp every 4 hours as needed; not to exceed 5 doses in 24 hours.

**YES**  **NO**

**Ibuprofen:**
Tablets (i.e. Advil) 200 mg. ea.

**Purpose:** pain reliever/fever reducer
**Dosage:**
- <110 lbs: 1 tablet every 4-6 hours as needed; not to exceed 4 tablets in 24 hours.
- >110 lbs: 2 tablets every 4-6 hours as needed; not to exceed 8 tablets in 24 hours.

**YES**  **NO**

**Bismuth subsalicylate:**
Chewable tablets or liquid (i.e. Pepto-Bismol)

**Purpose:** relief for upset stomach, indigestion, nausea, heartburn, diarrhea
**Dosage:**
- <110 lbs: 1 tablet (or 1 tsp) every 1/2 to 1 hour as needed; not to exceed 8 doses in 24 hours.
- >110 lbs: 2 tablets (or 2 tsp) every 1/2 to 1 hour as needed; not to exceed 8 doses in 24 hours.

**YES**  **NO**

**Diphenhydramine HCL:**
Tablets (i.e. Benadryl) 25 mg. ea. / liquid 12.5 mg per tsp.

**Purpose:** relief from mild allergic reactions i.e. stuffy/runny nose, sneezing, itchy/watery eyes, itchy throat
**Dosage:**
- <110 lbs: 1 tablet (or 1 tsp) every 4-6 hours; not to exceed 6 doses in 24 hours
- >110 lbs: 2 tablets (or 2 tsp) every 4-6 hours; not to exceed 6 doses in 24 hours.

**YES**  **NO**

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**FORM CONTINUES ON NEXT PAGE**
Camper name: ___________________________________________  Weight: ______  Age: ______

Loperamide:
caplets (i.e. Imodium) 2 mg. ea.

**Purpose:** diarrhea relief  
**Dosage:** <110 lbs: 1 caplet after first loose stool; ½ caplet after each subsequent loose stool; not to exceed 3 caplets in 24 hours.  
>110 lbs: 2 caplets after the first loose stool; 1 caplet after each subsequent loose stool; not to exceed 4 caplets in 24 hours.

YES  NO

Bacitracin Ointment:

**Purpose:** prevention of infection in minor cuts, scrapes, burns  
**Directions:** apply small amount to affected area 1-3 times daily

YES  NO

Caladryl Lotion:

**Purpose:** relief from poison ivy  
**Directions:** shake well; wash affected area; apply no more than 4 times daily

YES  NO

Hydrocortisone cream 1%:

**Purpose:** relief of itching from minor skin irritations, inflammation & rashes  
**Dosage:** apply to affected area no more than 4 times daily

YES  NO

Parent Name____________________________________________________________

Parent’s Signature________________________________________________________  Date________________________