2013 Julius Baker Flute Master Class  
July 28 – August 2

Housing Information
All residents will be placed in air-conditioned double rooms unless a single room request is made by June 15, 2013. You can request a single room by e-mailing or calling us. Participants requesting single rooms will be charged an additional $100.

Registration and Check-In:
Sunday, July 28, 2012  10:00am – 12:00pm Newbury Hall  
12:00pm   Lunch is on your own  
1:30-4:30pm Free practice time / possible bonus class  
4:30-5:15pm Dinner – Dining Hall

Orientation Meeting:
Sunday, July 28, 2013  5:30pm, Ives Concert Hall, White Hall  
6:00 – 9:00pm masterclass

Check-Out Time:
Friday, August 2, 2013  2:00pm after concert  
*Note: Your room must be left clean – no garbage, etc., or you will be charged a $50.00 clean up fee. Please pack all personal belongings and return linens to the bin in the lobby.

We cannot accommodate early arrivals or late departures in the dorms. If your travel plans require that you arrive early or leave late, you must make arrangements to stay at a local hotel. WCSU works with Spring Hill Suites in Danbury (203.744.7333). The standard rate is $101/night. Please mention Laura Piechota from WCSU when making reservations. As of June 13th, they still had a “best available” rate of $99 for selected rooms – check their website for more details (http://www.marriott.com/hotels/travel/dxrsh-springhill-suites-danbury/).

The closest airports to Danbury are:
LaGuardia International and John F Kennedy in New York City  
Newark Liberty International in New Jersey  
Bradley International in Hartford, CT  
White Plains NY
From most of these airports you can access the Connecticut Limo Service (800.472.5466 or www.ctlimo.com). The drop-off point is the Danbury Maron Hotel. From there, you can take a taxi to the WCSU Midtown Campus. PLEASE NOTE – CT LIMO no longer provides service from Bradley Airport to Danbury.

If you need help while in transit, please contact WCSU Campus Police (203.837.9300)
Daily Schedule
All classes will be held in Ives Concert Hall in White Hall.
Meals will be served in the dining hall located in the Student Center.
This schedule is subject to change.

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<th>Sunday</th>
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<td>10:00am–12:00pm</td>
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<td>12:00pm-1:30pm</td>
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<tr>
<td>4:30-5:15 pm</td>
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<tr>
<td>5:30pm</td>
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<td>6:00-9:00pm</td>
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Monday - Thursday
8:00-9:00am  Breakfast
9:00am-12:00pm Masterclass
12:00-1:00pm  Lunch
1:30-4:30pm   Masterclass
5:00-6:00pm   Dinner
7:00pm        Ensemble Rehearsal
8:00pm        Baker Events

Friday
8:00-9:00am  Breakfast
9:00am-12:00pm Final Masterclass
12:00-1:00pm  Lunch
1:00-2:00pm   Concert
2:00pm        Check out

What to bring
Piccolo, Alto Flute, and/or Bass Flute if you own them
Music that you are performing, with piano accompaniment

Attire
Plan for extremes – classrooms are sometimes chilly BRING A SWEATER. Please bring something comfortable and somewhat dressy for the final concert. Also, please dress appropriately for master class performances – no jeans or shorts.

Suggested Repertoire to further the value and enjoyment of the Baker Classes:
A variety of flute standards seem to cycle in popularity over the years of the classes. Players can perform any work of their choice. Those that bring music and a notebook to follow along with the performer will benefit by making notes in the margin and/or learning the score better. Here are some suggested standards that seem to appear more frequently:
Concertos
Ibert, Liebermann, Nielsen, Mozart

Collections
Bach Sonatas
French Book
Orchestra Excerpts

Sonatas
Bach, Burton, Feld, Liebermann, Martinu, Muczynski, Prokofief, Reinecke, Schubert
(Intro & var.)

Lessons:
Some of the Master Teachers may be available for lessons at an additional cost – announcements will be made about their availability at the classes. To reserve a lesson time please email Kerry Walker at walkerk@wcsu.edu

Yamaha prizes will be announced at the final concert. The class will choose the top three players.

To receive mail while at the master classes:
Your name
c/o Julius Baker Flute Masterclass
WCSU Music Department • 181 White Street • Danbury, CT 06810

If you have any questions, please call or send an e-mail.
We look forward to seeing you!

Sincerely,
Laura Piechota & Kerry Walker
piechotal@wcsu.edu walkerk@wcsu.edu
203.837.8614 203.837.8352
Residents, please park in the RED circled parking garage on White Street. Commuters, please park in the BLUE circled parking garage on Fifth Avenue. All master classes will be held in White Hall. Resident check-in will be in Newbury Hall. Meals are provided in the Student Center.

Directions to the campus are available on our website:
http://www.wcsu.edu/directions
An important note about forms:
The forms listed are required for participants under the age of 18. Please email, fax or mail forms
to the address below by July 1, 2013:

- Camper Consent Form
- Physical Exam Record

Your child under 18 must have had a physical examination on or after August 02, 2010 in order to attend the Julius Baker Flute Master Class 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 the Master Class 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 under the age of 18 will take over-the-counter or prescription medication while at the Master Class you must fill out the Medication Authorization form for each medication. This form needs to be signed by the prescriber and a parent/guardian. You must submit a separate form for each medication. Please turn in all medications at registration in their original bottles with valid expiration dates and prescription numbers.

Tuition Balances are due on July 1, 2013.

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

Email: musiccamp@wcsu.edu

Fax: 203 837 8630
Julius Baker Flute Master Class 2013
Camper Consent Form

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
Julius Baker Flute Master Class 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 ___________________

**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, 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: ____________________________

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>Vaccine</th>
<th>Date</th>
<th>Vaccine</th>
<th>Date</th>
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<tbody>
<tr>
<td>Measles</td>
<td></td>
<td>Hepatitis B</td>
<td></td>
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<tr>
<td>Mumps</td>
<td></td>
<td>Diphtheria</td>
<td></td>
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<tr>
<td>Rubella</td>
<td></td>
<td>Pertussis</td>
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<tr>
<td>Chickenpox</td>
<td></td>
<td>Pneumococcal conjugate</td>
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<tr>
<td>Tetanus</td>
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<td>Polio</td>
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Comments: ____________________________

Print name of medical care provider: ____________________________

Medical Care Provider’s Address: ____________________________ Street

City State Zip

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 one form for each prescription medication by July 1, 2013.**

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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
<th>Today’s Date</th>
<th>Prescription</th>
<th>Controlled Substance</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Dosage</th>
<th>Method</th>
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<tr>
<td>Administered: Breakfast Lunch Dinner Bedtime Other</td>
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</table>

Specific Instructions for these Medications

Length of time medication is being taken

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