

2019 Summer Band Camp

The TEXAS A&M UNIVERSITY-KINGSVILLE SUMMER BAND CAMP provides high quality instruction to middle and high school students. The camp runs from Sunday, June 16 through Friday, June 21. New this year is a drum major intensive track within the camp, which is designed to help interested students develop critical leadership skills.

Summer band campers participate in one of several concert bands, based on the student's ability on their instruments and may elect to perform in jazz bands, chamber ensembles, and percussion ensembles. Students also take electives offered at the camp including rock & roll history, musicianship class, music theory, and conducting.

CAMP FEES AND DEPOSIT

Complete Application	Resident	Commuter	All-State Participant
April 1 - June 7	\$400	\$250	\$320(res) 200 (com)
On-Site Registration June 16	\$450	\$300	\$360(res) 240 (com)

• **RESIDENT** Includes tuition, room, three meals a day, and all activities.

• **COMMUTER** Includes tuition, one meal a day, and all activities.

ALL-STATE Includes tuition, room, three meals a day, and all activities.

All-state campers are those who have been selected for and participated an all-state ensemble.

• **PRIVATE LESSON FEE** (optional) \$30.00 per lesson

• APPLICATION DEPOSIT: \$100.00. This deposit *must* accompany the application. (This is inclusive of the total cost). The balance of fees is due upon registration. Payments may be made toward the total fee anytime prior to registration. If you wish to pay the full amount by credit card or electronic check, use the online option through Marketplace. This can be found at tamukbandcamps.com. There is no fee to use this service.

2019 APPLICATION INSTRUCTIONS

We have a limited number of spaces available (150) for on-campus resident campers. There is no cap on off-campus commuter campers. To officially reserve your spot in the camp, we must receive the following in the music department office:

- Camper Application (completed and signed)
- Participant Waiver CAF 7 (included below)
- **Minimum \$100 Deposit Payment** (Please keep in mind we have many applications to process. Your payment may be received, but not go through right away.)

We will respond with confirmation of receipt of materials and instructions on how to pay in full if you have not already done so. Payment may be made by check, cash, money order, or online through Marketplace. If paying through Marketplace, you must pay the entire camp tuition in full. Online payment through Marketplace does not reserve a spot at the camp, only receipt of the application, CAF 7 waiver, and deposit together.

Application, CAF 7 waiver, and deposit may be submitted to the camp office by mail, fax, e-mail, or in person.

Mailing address:

TAMUK SUMMER BAND CAMP Attn: Sheri Borchardt 700 University Blvd., MSC 174 Kingsville, TX 78363-8202

Fax: (361) 593-2816 (please include a cover page)

E-mail: sheri.borchardt@tamuk.edu

Physical address:

Bellamah Music Building, Room 112 905 Engineering Ave Kingsville, TX 78363

Please make sure that all forms are COMPLETELY filled out. This includes medical information, insurance information, and parent/participant signatures. Indicate "N/A" if applicable (no insurance, no medicines, etc).

Refunds requested prior to June 8 are eligible to receive a refund on tuition paid, minus the \$100 deposit that is included in the price of the camp. Refunds will not be possible if requested on, or after June 8.

If you have any questions please e-mail us at sheri.borchardt@tamuk.edu, or call (361) 593-2803.

Feel free to check out our website tamukbandcamps.com! Our website has a campus map, FAQ's, camp schedule, and many more great resources for you and your camper!

INFORMATION

- **REGISTRATION:** Registration for the Summer Band Camp is at Turner-Bishop Hall on Sunday, June 16, 2019, beginning at 2:00 pm. Go to tamukbandcamps.com
- **BANDS:** Students audition for ensembles on the first afternoon of camp and are placed into groups based on ability and achievement. Students may play All-State Etudes, etudes from method books, or any short piece of music that displays their best playing. Ensembles may include concert bands, jazz bands, mariachi, and instrumental ensembles.
- INSTRUMENTS AND EQUIPMENT: Band camp students must provide their own instruments with the exception of percussion; however, percussionists must bring their own sticks and mallets. A complete list of required equipment for all campers can be found in the FAQs on tamukbandcamps.com.
- **FACULTY:** The most outstanding band directors, university faculty, and private teachers from throughout South Texas provide valuable knowledge and teaching in an intense week of learning and fun.
- **CONCERTS:** All campers participate in the closing concert. See tamukbands.com for the concert time. Campers may depart at the conclusion of their band's concert.
- COMPETITIONS AND AWARDS: Drum Major competition awards are given for first, second and
 third place in various categories. Band awards are presented for the outstanding and most improved
 instrumentalist in each concert band and jazz band. All campers are eligible for the awards, and an
 outstanding overall camper is awarded.
- **REFUNDS:** A refund of fees paid less a \$100.00 processing/application fee will be granted if written notice to withdraw application is received **before** June 8, 2019.
- **DORMITORIES:** Campers are housed in modern air-conditioned dorms, 2 campers per room. Girls are housed in BISHOP Hall. Boys are housed in TURNER Hall.
- **ACTIVITIES:** All campers participate in nightly activities. Activities may include: Camp Olympics, Skit & Talent Night, Dance Night, Jazz Night, Movie Night
- MEALS AND FOOD SERVICE: Meals are provided by Aramark Food Services. Food is served at
 campus cafeterias by the professional food staff. A wrist band provided at camp check-in serves as the
 meal ticket during their stay.
- **COUNSELORS:** A counseling staff of Texas A&M University-Kingsville music students provides careful supervision to all portions of a camper's experience while at camp. The counselors are with the students all day and evening, and they are assigned to dorm rooms at night.
- HEALTH CARE: A band camp nurse is employed by the university to provide first aid and emergency care for the campers. The nurse must have written instruction from the camper's doctor in order to administer any medication or injections. These must be medications that the student brings with them, as the nurse will not have medications to dispense upon request at the nurse's station. The nurse will be on-site during registration.

• CANCELLATION POLICY: Should the camp be cancelled for any reason, campers will receive a prorated discount based on the number of days the camp was in session, minus the \$100.00 deposit. For example, if the camp is cancelled after two full days, campers will receive a 60% discount of the total fee minus deposit. Camp cancellation is at the discretion of the camp directors and/or the university. In case of cancellation, each camper's parent or guardian must fill out the proper paperwork for the refund, including a W-9 tax form and valid social security number. No refunds can be issued without this information. All payments must be made from the same source to ensure a full refund should the camp be cancelled.

*** FAILURE TO RECEIVE FULL PAYMENT BY THE SECOND DAY OF THE CAMP MAY RESULT IN NOT BEING ABLE TO PARTICIPATE IN CAMP***

• **CLASSES:** All elective classes are tentative and based on enrollment and student interest. They include:

JAZZ BAND LATIN JAZZ WOODWIND ENSEMBLES BRASS ENSEMBLES PRIVATE LESSONS COMPOSITION MUSIC APPRECIATION LEADERSHIP CLASS CONDUCTING CLASS PERCUSSION FUNDAMENTALS PERCUSSION CLASS

TEXAS A&M UNIVERSITY-KINGSVILLE TAMUK SUMMER BAND CAMP APPLICATION

June 16-21, 2019

(This form must be completely filled out. Write N/A if no answer.)

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Camper Name (Last)		(First)	(MI)	_ Shirt Size_	Gender	Age
Parents/Guardians Names				Pare	ent Email	
Mailing Address						
City				St	ate	Zip
Home phone		Parent's	daytime phone			
Medical Informat Remember that the the nurse will not h	medications l					
1. Insurance Con	npany:		Polic	Number:		
2. Which medica	ations are you co	urrently taking?	(Please list be	oth over the co	unter and pre	escription.)
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Jr.Hi./M.S. Summer B	and (Includes Band	l; Sectionals, and	nstrumental Mast	er classes)
H.S. Summer Band (In	ncludes Band; Section	onals, and Instrun	nental Master clas	ses)
If you are interested in the Drum	n Major Intensive T	rack, please check	below, otherwise	e, leave blank.
Drum Major (HS Stud	ents only)			
Camper Type: (Please circle one	e) Staying ON	N Campus	Staying OFF Car	mpus
If staying on campus, do you have	ve a roommate pref	Gerence? (optional	Last name	First name
camp rules and guidelines, in I grant the TAMUK Summer appears in camp advertising of I have read and understand the Indemnification and Medical participate in this camp, and I campers are enrolled at the Tames.	Cluding those government camp permission or publicity mediante statements contained at the	verning camp cannot use any camp. Tained in this browning in the brownin	chure and the PacaF 7), which I constitute a part	
are final and not subject to ap	pear of any kind.			1
Student Signature FEE CALCULATOR (See Rate S.	Date chedule on page 1 fo	Paren	Signature	Date
_		Parent Pa	Signature	
_	chedule on page 1 fo	Parent Pa	Signature	
_	chedule on page 1 fo Resident Camp	Parent Pa	Signature	
_	Resident Camp Commuting Ca All-State Camp	Parent Pa		Date
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CAF 7



PARTICIPANT WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

- 1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of **TAMUK Summer Band Camp** (herein referred to as "activity"), which is sponsored by the **Music Department** at Texas A&M University-Kingsville (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, *including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES*. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
- 2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to heat-related illness and other ailments inherent in a large-group activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
- 3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
- 4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
- 5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, *including injuries sustained as a result of the sole, joint, or concurrent*

traveling to and from a medical care facility, <u>including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.</u> I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. [For fieldtrips or other class-related activities, substitute: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.]

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this	day of		_, 20	·
Participant Signature:				
Printed Name:				_
	th:			_
Parent or Legal Guardia (If Participant is under 18	n Signature:years old)			_
Parent or Legal Guardia (If Participant is under 18	n Printed Name:years old)			
EMERGENCY CONT	CACT INFORMATION:	:		
Name:		Rela	ationship	
Home Address:		City	State_	Zip
Home Phone #	Work Phone #	<u> </u>	CellPhone #	
Name:		Rela	ationship	
Home Address:		City	State_	Zip
Home			Cell	
Phone #	Phone #	•	Phone #	

^{*}Fill out the form completely and make sure all signatures are taken care of.