WELCOME TO TEXAS STATE PERCUSSION CAMP 2019

Residence Hall Information

All rooms are double occupancy and you may request one roommate. If both individuals request each other, those individuals will be placed together. If no roommate is requested, pairings will be made considering grade.

Each Camper is given a key to his/her room. It is the responsibility of the camper to lock their room when unattended. Failure to do so may result in theft or vandalism, for which Texas State University is not responsible. Please report any missing keys to a counselor immediately. There is a minimum charge of $92.00 for each lost key (a charge to the Camp that we must pass on). If a lock change is required, the charge increases (a charge to the band camp that we must pass on). The outside entrance doors to the residence hall are locked 24 hours a day. Entry is available with a counselor through the main entrance. Any damage occurring to any camp facility will be assessed and billed to the individual responsible for those damages. Payment will be due at checkout.

The camp has established desk hours that will be announced at the parent/camper meeting on Sunday. Additionally, the phone number to the desk will be given so messages can be left. We ask there be no cell phone use in classes during the day. If there is a family or personal emergency, please begin by contacting the Music Building Office 512-245-3377 or the residence hall desk. If there is no answer or if it is after hours, please call Robert Barron, head male counselor, at 956-243-0121. Please provide the full name of the camper and if they are attending in the middle school or high school track.

All lost and found items should be returned to a counselor or the residence hall front desk. Every attempt will be made to return the found items to the owner. All unclaimed valuables such as jewelry, electronics, shoes, etc. will be given to the University Police Department at the first of July. Other items are discarded.

Each residence hall is equipped with vending machines, usually located in the main lobby. There will be a camp store open in the lobby of the Music Building in the middle of each day where campers can purchase a small array of percussion items. Spending money is suggested for the vending machines, raffles, and camp store. The counselors have no change for the vending machines, so plan accordingly. Raffle tickets will be available each day for $1 for door prizes to be given away nightly. Prizes may include cymbals, sticks, djembe, mallets, etc.

Campers are not permitted visitors at camp unless written and verified permission is given from his/her parent or guardian. This should also be cleared with the Camp Director and Camp Coordinator. Before a child is released from camp, a mandatory release form must be completed and a picture ID shown by the person picking up that camper.

Meals

Three meals are served each day to on-campus students, including dinner on Sunday and breakfast and lunch on Friday. Commuter students will be served lunch and dinner.

Instruments, Accessories and Equipment

All high school students on drum line track are to provide their own drum line equipment. All students should bring a practice pad, sticks, mallets, and pencils. The Texas State School of Music will provide any additional percussion equipment. As previously stated, a small selection of percussion accessories (sticks,
mallets, practice pads) will be made available for purchase through the camp store. The camp store will be open on Sunday at check-in.

**Personal Items**

On-campus students are to furnish their own towels, single bed linens, blankets and pillows in addition to the necessary toiletries. The dorms at times are very cold, so blankets are important. Shower shoes and an alarm clock are highly recommended. Student clothing should include casual attire for daily use and Sunday or business attire for the concert on Friday. *We ask that clothing be in line with your school's standards for modesty.*

All personal items of value should be labeled with the student's name, school, address, and telephone number. Insurance and identification records of the instrument (make, model, serial number) are a recommended precaution.

*The Texas State University Band Camps are not liable for loss, theft, or damage to personal belongings.*

**Important Events**

**Sunday, June 16**

12:00pm – 1:30pm  Registration at the Music Building at the corner of Sessom and LBJ. Directions for dorm check-in will be made available at registration. Lunch will be on your own.

1:30pm – 2:00pm  Parent/student meeting in the Recital Hall, Rm. 236 of the Music Bldg. The camp rules will be discussed. Parents are encouraged to depart after this meeting.

2:00pm – 5:00pm  Auditions – Audition music may be found at: http://www.txstate.edu/bands/camps/percussioncamp.html

5:00pm – 6:00pm  Dinner(Commuter dinner is covered by tuition)

6:00pm  Bill Bachmann Clinic for all campers.

**Daily Schedule**

Classes start at 9:30am, lunch is at 12:30, dinner is at 5:30 and the final concert of the day starts at 6:30pm and ends at 8:30pm. Evening activities will follow and end by 11:00pm.

*During Sunday check-in Commuter campers will designate which S-TH evening activities they will attend. Commuters that stay for the evening activities (including dinner) will be picked up at the music building following the activity/event.*

**Friday, June 21**

1:00pm  Final student performances in Evans Auditorium. All parents are welcome and encouraged to attend.

*Parents are encouraged to have their commuter students to camp at 8:45am each morning and to pick them up at 8:30pm each evening unless they are staying for the evening activities. If commuters are staying for the evening activities they need to be picked up at 11:00pm at the Music building lobby. Parents are invited to attend the evening concerts which start at 7:30.*

**Evening Activities**

Each night will feature a special concert and a fun activity. Concerts will be performed by a variety of ensembles. The concerts will be in the Music Building recital hall. Each concert will begin at approximately 6:30pm immediately followed by the activity. If a commuter student wishes to participate in the evening activities, they must be picked up at the Music building lobby at 11:00pm. Specific start times will vary depending on the length of the evening concert, but will end no later than 11:00pm. The student recreation center will be one of the evening activities which includes the pool.
**Rules and Regulations**

There will be no tobacco, alcohol or drugs used or weapons possessed by students while attending the Texas State Band Camps. There will be no candles or incense at camp.

Prompt class attendance and proper, respectful behavior is expected from all students.

Resident Campers will be allowed to leave campus only with *advance* written parental/guardian approval specifying date, destination and time. This information is to be given to the Camp Coordinator at the Sunday parent/student meeting.

Commuter Campers will check-in at the music building by 8:45am each morning and will be picked up at the music building at 8:30pm unless they are on the list for the evening activity (see above).

Students will be under supervision by camp personnel. Rules and regulations pertaining to Texas State and the Band Camps will be explained to all students at the Sunday parent/student meeting in Evans Auditorium with additional information provided at the dorm meeting the first night. Should an emergency situation occur, student dorm rooms and/or belongings may be subject to search.

Parents of any student in violation of these policies will be notified immediately and the student may be expelled from the Texas State Band Camp without refund.

**Medical Information**

If a student is having a medical problem, a camp counselor should be contacted immediately. The Texas State University Health Center will be available to all students requiring medical attention.

Medical issues occurring after 5:00 p.m. and before 7:30 a.m. or emergencies at any time will be treated at the Central Texas Medical Center in San Marcos. Parents will be informed of any emergency medical situation that occurs and will be responsible for all medical expenses incurred.

Students with special medical needs should provide the Texas State Band Camp with a detailed written explanation of these needs (i.e. prescriptions, inhalers, etc.). Medications will be held and distributed by the Head Counselors unless other arrangements are made with written documentation from the parent/guardian. Any student in possession of or under the influence of unauthorized medication may be sent home with no refund.

**Check-out**

A detailed Friday schedule will be posted on the band camp website. Students are not to remove anything from their room before the concert. Parents must also observe this camp policy. The rooms will be checked for damages during the concert.

**Refund Policy**

Tuition is 75% refundable if written notification is received *by June 10*, when our commitments are made for the dorms and meals.

A student who fails to appear the first day of camp, or who leaves after registration, will not receive a refund.
You are reminded that your fee balance is due before camp begins. Cash, check or credit card may pay the balance. If a credit card is to be used, please contact the Ensembles Office (512-245-3377) by the Wednesday before your camper is to attend. *Credit cards will not be accepted as a form of payment at check-in on Sunday*

The Texas State Percussion Camp will be an enjoyable and educational experience for all participants. Please contact the Camp Office (512-245-3377) or Kari Klier (512-779-8806) if we can be of additional service to you.
Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment For Minors

I, ____________________________, the __________________ of ________________________
(name of parent/legal guardian) (relation to child) (printed name of child)
give the child named above permission to use transportation provided by Texas State University and to participate in this Texas State University travel-related activity. He/She has my permission to participate in all activities related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not prevent the representative from providing such medical and/or emergency treatment as may be necessary for the best interest of the life of the child named above. I further understand and agree that Texas State University is not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment provided to the child named above.

Please complete the section below.

Name of Insurance Company: ________________________________ Policy # ____________________

Name of Family Physician: ________________________________ Phone # ____________________

In case of emergency, contact ___________________________________________________________

Work # __________________ Home # __________________ Relation to child ____________________

Second Contact _________________________________________________________________

Work # __________________ Home # __________________ Relation to child ____________________

_______________________________________________________________________________

_________________________ _______________________________
Date Printed Name (Parent or Legal Guardian)

_________________________ _______________________________
Signature (Parent or Legal Guardian)
TEXAS STATE BAND CAMP
MEDICAL INFORMATION FORM

NAME:___________________________________________________ PHONE:________________________

HOME ADDRESS:__________________________________________________________________________

CITY, STATE, ZIP:___________________________________________________________________________

SSN:______-____-______ DOB:______/______/______ E-MAIL:________________________________________

PARENT/GUARDIAN NAME:__________________________________ PHONE:__________________________

EMERGENCY CONTACT OTHER THAN PARENT:____________________________________________________

PHONE:________________________________________RELATIONSHIP TO FAMILY:________________________________

INSURANCE

INSURANCE COMPANY:________________________________________________________________________

POLICY #:________________________________________ IN WHOSE NAME?______________________________

PRIMARY PHYSICIAN:________________________________________________________________________ PHONE:________________________

MEDICAL HISTORY

LIST ANY HEALTH CONDITIONS YOUR CHILD HAS:________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

ALLERGIES (ENVIRONMENTAL, FOOD, MEDICATION, ETC.):_______________________________________

_________________________________________________________________________________________

MEDICATIONS

PRESCRIPTION:___________________________________________________________

DOSE:___________________________________________________________

SCHEDULE:________________________________________________________

NON-PRESCRIPTION:_______________________________________________________

DOSE:___________________________________________________________

SCHEDULE:________________________________________________________

PERMISSION FOR CAMP TO DELIVER OVER-THE-COUNTER MEDICATIONS
(Such as headache pain reliever)? YES NO (circle one)

SPECIAL INSTRUCTIONS:________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Texas State University
Student Health Center, 601 University Dr., San Marcos, TX 78666
Ph. (512) 245-2161 Fax (512) 245-9288
Activity Release of Liability, Indemnification and Assumption of the Risk Agreement
(for Minors)

Name of Minor (Print):

Name of Parent/Guardian (Print):

Relationship to Minor (Print):

Organization:

Activity:
(Please describe specifically the Activity)

Activity Dates:

This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully
and sign below. Completion of this form is required before you child participates in the Activity.
This document cannot be altered or modified by any verbal or written statements.

_______ Releasees: The Board of Regents, The Texas State University System, Texas State University, and all regents, employees, agents, and officers for these entities.

_______ Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor’s participation in this Activity. I am aware of the risks and hazards connected with the Activity, and I elect to allow the above-named Minor to participate voluntarily and engage in this Activity knowing that the Activity may be hazardous to my property, the above-named Minor’s property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in this Activity, whether or not based on the negligence or other wrongful conduct of Releasees.

_______ INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, INCLUDING COURT COSTS AND ATTORNEY’S FEES, THAT THEY MAY INCUR DUE TO THE ABOVE-NAMED MINOR’S PARTICIPATION IN THIS ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM LOSSES THEY MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR’S INJURIES OR THE
ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON’S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.

Release: In consideration for facilitating the above-named Minor’s participation in the Activity described above (hereafter Activity), I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action of any nature whatsoever.

Activity Release of Liability, Indemnification and Assumption of Risk Agreement, Cont’d

including a claim of negligence, arising out of any loss or damage to my or the above-named Minor’s property and any injury, including death, that the above-named Minor may sustain whether or not caused by the negligence of the Releasees, while participating in the Activity, supervised or unsupervised, or while in transportation to and from the Activity.

Intent: I intend that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read and understand this Activity Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of ______________________________ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

___________________________________________________________
Signature of Legal Parent/Guardian

___________________________________________________________
Date