

California State University San Bernardino  
**Orchestra, Chamber, and Piano Camp**



July 22 - July 26, 2018

Dr. Lucy Lewis, Director of Orchestral Program  
Dr. Wen-Ting Huang, Director of Keyboard Studies

**Who Can Attend:** This camp is open to string and piano students who will be 10-18 years old by June 8, 2018, or who have just finished high school. Students must have at least two years of playing experience.

**Camp Options:** There are two options for this camp, piano and orchestra. For students who have been playing three years or more, both pianists, and string players, there is also the option to participate in a chamber music group. **To be considered for chamber group placement, please submit a YouTube link of yourself playing one selection that you feel best represents current level by June 8, 2018. You will send this link to Dr. Lewis and Dr. Huang at [lucy.lewis@csusb.edu](mailto:lucy.lewis@csusb.edu) and [whuang@csusb.edu](mailto:whuang@csusb.edu)**

**Registration/Fees:** *Payment includes tuition for the camp, lunch M-TH, dinner on Sunday and Thursday, and a t-shirt.* The fee for this 5-day camp is \$200. **Registration paperwork and payment must be received by June 8, 2018.** Late registrations (i.e. after June 8 to July 15), will be accepted at the increased rate of \$240. \*Please note that chamber group placement will not be possible after June 8, and there are no tuition refunds.

**Registration Form Instructions:** Please complete the following Orchestra, Chamber, and Piano Camp forms :

- Registration Form
- Liability Form
- Medical History, Instructions & Consent: 2018
- Media Release Form

**To complete the forms you will type your information directly in to the PDF documents, save them, and then email the forms to Dr. Lewis at [lucy.lewis@csusb.edu](mailto:lucy.lewis@csusb.edu)**

If mailing in, payment, registration form, consent form, and medical forms should be sent to:

California State University San Bernardino  
ATTN: Music Department  
5500 University Parkway  
San Bernardino, CA 92407

Payment options:

- 1) Checks made out to: CSUSB Music Department
- 2) Online payment through CSUSB Music Box Office: Go to the Music Department Homepage, on the right hand side select the "Get Tickets Now" button and choose "CSUSB Summer Orchestra & Piano Camp Registration" to pay.



# California State University San Bernardino Orchestra, Chamber, and Piano Camp



## CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE SUMMER ORCHESTRA, CHAMBER, AND PIANO CAMP AT CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child (Please Print Full Name) \_\_\_\_\_ to participate in the California State University San Bernardino Summer Orchestra, Chamber, and Piano Camp (hereinafter referred to as "the Camp").

I understand that it is my responsibility to provide transportation for my child(ren) to and from the Camp. I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. California State University San Bernardino reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including, but not limited to, verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Director of the Camp. If a child is dismissed from camp, there will be no refund.

I understand that the activities of this program may include certain physical activities such as swimming, sports, etc. I understand and agree to assume any and all risks associated with the Camp's activities. I grant permission for my child(ren) to participate in activities that are part of the scheduled activities for the Camp.

I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers, the camp website, or future brochures.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Camp, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact numbers.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury, or accident occurring while my child is attending the Camp is my responsibility, and that the Camp, California State University San Bernardino, and their members individually and their officers, agents and employees are not obligated to pay for such medical care.

For the sole consideration of California State University San Bernardino allowing my child to participate in this program, I hereby release and forever discharge the Camp and California State University San Bernardino from any and all claims, demands, rights and causes of action of whatever kind I may have either arising from or by reasons of any personal injury or property damage resulting from or in any way connected with my child's participation in this program. I further covenant and agree that for the consideration stated above I will not sue California State University San Bernardino or any of the camp employees.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

IN WITNESS THEREOF, I have executed this document this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Parent or Legal Guardian (Printed)

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**Medical History, Instructions & Consent 2018**

**STUDENT CONTACT INFORMATION**

Student's Full Name \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN CONTACT INFORMATION**

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**INSURANCE INFORMATION**

Does student have medical insurance through his/her parents? Yes No

If yes, please indicate the name of the insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

**\*Please attach a copy (FRONT AND BACK) of the student's insurance card to this form**

**MEDICAL INFORMATION:**

Has your child had a tetanus shot current to within six (6) years? Yes No

Does your child have any of the following medical conditions? :

Diabetes      Orthopedic Problems      Asthma      Epilepsy      Cardiac Problems

Other (Specify) \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any of the following?

Aspirin Penicillin

Sulfa

Insect Stings

Iodine-based Products

Other Medications (Specify) \_\_\_\_\_

Does your child take any medications on a daily basis?      Yes      No

If yes, please list: \_\_\_\_\_

Do you know of any health factor(s) that make it advisable for your child to follow a limited program of physical activity or from participating in any of the camp activities? (Please Circle):

Yes      No

If Yes, please explain on a separate E Mail, word document or PDF. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or other physical conditions.

**Permission to Administer Common Medications:** It is unlikely that your son or daughter will become ill or injured at camp. By far, the heaviest medical complaints our students suffer from are common, minor ailments such as headache, stomachache, fatigue, etc. In the vast majority of cases, students suffering from these ailments are familiar with the symptoms, and if at home, they would normally self-administer common household medications, or simply rest. If you feel comfortable with having camp staff members administer individual doses of some common household medications of your son or daughter, we would appreciate having your direction in this matter.

Please initial/check as appropriate below. Please note that if we determine that a student is experiencing symptoms unusual for the child, or any strong symptoms, we will seek medical advice and contact you.

**Medication**      **Camp Staff**      \_\_\_\_\_      **MAY Administer**      \_\_\_\_\_      **MAY NOT Administer**

Acetaminophen (e.g., Tylenol)

Ibuprofen (e.g., Advil, Motrin)

Antacid (e.g., Pepto-Bismol, Tums)

Anti-diarrheal (e.g., Immodium)

Topical 1% Hydrocortisone Cream

Oral Anti-histamine (e.g., Benadryl, Claritin)

Aspirin

**Others We May Administer (please list):**

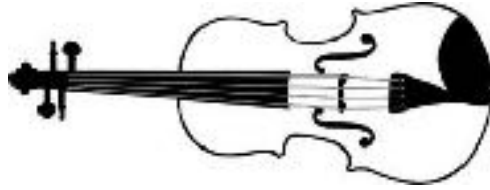
Please indicate any restrictions to the above, or any other restrictions you wish to state:

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct to the best of my knowledge and the student herein described has permission to engage in activities, unless otherwise noted by me. I give permission to the Camp Staff, or other facility to hospitalize and to secure proper treatment for my child as named above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**Media Authorization and Release Form**

**PARTIES:**

**ENTITY:** California State University San Bernardino Music Department/Dr. Lucy Lewis/Dr. Wen-Ting Huang

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**CHILD:** \_\_\_\_\_

**AUTHORIZATIONS:** By placing his or her initials next to the corresponding activity set forth below, the PARENT/GUARDIAN authorizes CSUSB/Dr. Lucy Lewis/Dr. Wen-Ting Huang to undertake that activity on behalf of the CHILD:

**Initials**

**Activity**

\_\_\_\_\_ Take photographs and/or videotapes of the CHILD during the course of the CSUSB Orchestra, Chamber, and Piano Camp.

\_\_\_\_\_ Use photographs and/or videotapes of the CHILD for promotional or educational purposes by CSUSB Music Department/Dr. Lucy Lewis/Dr. Wen-Ting Huang.

**DATE:**

**SIGNATURE OF PARENT/LEGAL GUARDIAN:**

\_\_\_\_\_

\_\_\_\_\_

**PRINTED NAME OF PARENT/LEGAL GUARDIAN:**

\_\_\_\_\_