KU Midwestern MUSIC Camp 2015
Parent Handbook
Jazz Workshop

Please bring this guide with you for registration on Sunday and take it home with you for your reference.
Be sure to include: a) copy of Health Insurance Card and attached health forms
b) optional: $15 for camp t-shirt (cash or check made payable to Midwestern Music Camp

Quick Guide to Sunday, July 12th (Registration/Check-in Day):

Commuters also check in at Ellsworth Hall. Commuter students are free to go after theory placement and auditions are complete on Sunday afternoon.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-12:00</td>
<td>Registration/Check in at Ellsworth Hall (1734 Engel Road)</td>
<td></td>
<td>If you will be late, please make arrangements in advance with the camp office. Students with large instruments (rhythm section) may unload instruments at the Murphy Hall loading dock after registration. Please use the map and follow signs at Murphy Hall.</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Lunch on your own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00-1:45</td>
<td>Opening Meeting/Faculty Recital at Murphy Hall' Room 130 (1530 Naismith Drive)</td>
<td></td>
<td>We will introduce our faculty and staff and get students and parents oriented.</td>
</tr>
<tr>
<td>1:45-3:30</td>
<td>Auditions and Theory Placement Exam</td>
<td></td>
<td>These are informal, one-at-a-time auditions to determine placement in ensembles.</td>
</tr>
<tr>
<td>3:30-5:00</td>
<td>Resident Campers meet in Murphy Hall Room 130; Commuter Campers are done for the day</td>
<td></td>
<td>Commuter campers are done for the day but are encouraged to come back for the Ice Cream Social at 7:30 at Ellsworth Hall.</td>
</tr>
<tr>
<td>5:00-7:00</td>
<td>Dinner at Mrs. E’s (1530 Engel Road)</td>
<td></td>
<td></td>
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<tr>
<td>7:00</td>
<td>Resident Camper Meeting at Ellsworth Hall</td>
<td></td>
<td>Resident campers will meet with camp staff to go over rules and important information for the week.</td>
</tr>
<tr>
<td>7:30-9:30</td>
<td>Ice Cream Social – Ellsworth Hall (1734 Engel Road)</td>
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*Residential Student’s parents are free to leave after the opening meeting, which is in Room 130 in Murphy Hall. Commuting Student’s parents, please stay until your child has completed auditions, after which time they are done for the day, but are welcome and encouraged to come back to the Ice Cream Social at 7:30 PM.
Monday (13th) through Thursday (16th)

<table>
<thead>
<tr>
<th>Jazz Workshop</th>
<th>Classes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9:00 AM – 5:00 PM</td>
<td>7:00 PM – 9:30 PM</td>
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</tbody>
</table>

Coomuters: Drop Off no later at 8:45 AM at the Murphy Hall Loading Dock
Pick-Up at 5:00 PM at the Murphy Hall Loading Dock

Coomuter students may bring their lunch or purchase lunch at Mrs. E’s for $10.00

We strongly encourage commuter students to stay for evening activities. Pick-up will be at 9:30 PM at the Murphy Hall Loading Dock.

Faculty Combo/Big Band concerts:
Monday the 13th, Tuesday the 14th, Wednesday the 15th
7:00pm, Room 130 of Murphy Hall
These concerts are free and open to the public.

Quick Guide to Thursday, July 16th (Student Combo Concert Day):

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Commuters:</td>
<td>Drop Off at 8:45 AM at the Murphy Hall Loading Dock</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pick-Up directly after the concert</td>
<td></td>
</tr>
<tr>
<td>9:00-11:45</td>
<td>Classes and Rehearsals at Murphy Hall</td>
<td>(1530 Naismith Drive)</td>
</tr>
<tr>
<td>12:00 – 1:15</td>
<td>Lunch</td>
<td>(Mrs. E’s, 1530 Engel Road)</td>
</tr>
<tr>
<td>1:30 – 4:00</td>
<td>Classes and Rehearsals at Murphy Hall</td>
<td>(1530 Naismith Drive)</td>
</tr>
<tr>
<td>4:00 – 6:00</td>
<td>Dinner</td>
<td>(Mrs. E’s, 1530 Engel Road)</td>
</tr>
<tr>
<td>6:30</td>
<td>Student Combos Concert Murphy Hall, Room 130</td>
<td>(1530 Naismith Drive)</td>
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PARKING: Parents may park in any of the lots adjacent to Murphy Hall beginning at 5pm. Do not park in metered or handicap spots or you will be ticketed.

Quick Guide to Friday, July 17th (Student Big Band Concert Day):

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<td></td>
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<td></td>
<td>Pick-Up directly after the concert</td>
<td></td>
</tr>
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<td>9:00-11:45</td>
<td>Classes and Rehearsals at Murphy Hall</td>
<td>(1530 Naismith Drive)</td>
</tr>
<tr>
<td>12:00 – 1:15</td>
<td>Lunch²</td>
<td>(Mrs. E’s, 1530 Engel Road)</td>
</tr>
<tr>
<td>1:30</td>
<td>Student Big Band Concert Murphy Hall, Room 130</td>
<td>(1530 Naismith Drive)</td>
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</tbody>
</table>

PARKING: Parents is available in the Allen Fieldhouse Parking Garage for $1.50 an hour. Do not park in campus lots, metered, or handicap spots or you will be ticketed.

² Parents may collect their child’s belongings during check-out before the concert at Ellsworth Hall.
Contacting your child
If a resident, your child will receive a room phone number when s/he registers at the residence hall. Each room has a telephone jack but not a phone. The Ellsworth Hall front desk number is (785) 864-4190 if you need to leave a message for your child. Any long distance calls made by the students from their rooms must be collect or by calling card. Campers will not regularly be in their rooms, at the desk, or in the Camp Office, so plan for your child to call you. Phone use is restricted after 10:00 PM for Jazz Workshop students. Students are permitted to have cell phones, however there are certain times when cell phones must be off: during classes, rehearsals, concerts, activities, and after 10:00 PM.

Concert Dress
There are no specific requirements for concert dress for the Jazz Workshop. Students should wear their comfortable camp clothing.

Audition Results
Audition results are posted at Murphy Hall and in Ellsworth Hall before the first rehearsal. Please see attached information regarding audition music.

T-Shirts and Recordings
T-shirts are available at registration for $15 each with the registration form, and will also be available for purchase during the week at camp. DVD recordings will be available for pre-order at the final concert.

Meals
All meals for campers are served at the Mrs. E’s. Commuters and guests may eat in the cafeteria, or may bring a sack lunch and stay in Murphy Hall for the lunch hour. Meal rates are as follows: $9.00, $10.00, $11.00 (breakfast, lunch, and dinner). Meal plans begin with dinner on Sunday and end with lunch on Friday.

Health Care
Health forms are located on the last three pages of this document. Please fill them out in advance and bring them with you to camp registration. These forms are required for camp attendance.

- Health form for Youth Program Participant (1 page) Please complete and bring it to registration.
- Billing Information and Consent Form (1 page) Please complete and bring it to registration.
- Treatment Agreement (1 page) Please complete and bring it to registration.
- Photocopy of Medical Insurance Card

Campers needing non-emergency medical attention are taken to Watkins Health Center. Report health problems, chronic ailments, and continuing medications to your Resident Assistant/ Counselor when you check in. Watkins Health Center is on campus and open 8:00 AM-4:30 PM. Students requiring emergency medical attention will be taken to Lawrence Memorial Hospital. All charges for medical services are the responsibility of the camper and their parent/guardian.
Photo Release Form
Included in this packet is a release form to allow the Midwestern Music Camp and the University of Kansas to utilize pictures of your child in promotional materials for the Midwestern Music Camp. No names will be used in conjunction with any photographs. If you do not wish your child to be photographed during camp, please indicate “not approved” and do not sign the form.

Refunds
There are no refunds for campers who leave early for homesickness, health, or other reasons.

Private Lessons
A limited number of private lessons are available. Students may sign up for up to two lessons for the week. Private lessons are $30 per half hour; checks should be made payable to the individual instructor. Sign-up for lessons takes place during registration.

Lockers
Lockers will be provided for students who require them at Murphy Hall. They will be assigned based on instrumentation.

Parking
Parking on the KU campus is by permit only and all parking rules are strictly enforced, Monday through Friday, 8AM – 5PM. Handicap, metered parking, and no-parking zones are strictly enforced 24 hours a day, 7 days a week.

You are permitted to park in campus lots during Sunday's activities and in the evenings after 5PM during the week (which includes Thursday evening’s concert).

During the Friday afternoon concert, parking is available in the Allen Fieldhouse Parking garage for $1.50 an hour.

If you do receive a parking ticket, it is your responsibility to pay the fine. The Midwestern Music Camp cannot be held responsible for parking tickets incurred.

What To Pack
Clothing: Bring neat, casual hot-weather attire with comfortable shoes for daily activities. T-shirts must reflect good taste and shorts are acceptable as long as they provide adequate coverage. For strapped shirts, follow the ‘two-finger rule’: straps should be at least as wide as the index and middle fingers combined. Shirts must not show an inappropriate amount of skin. Open back shirts (i.e. halter tops) are not permitted. No undergarments should be visible for either boys or girls. A sweater, jacket, or sweatshirt is also recommended in case it gets chilly. Also, don’t forget concert attire (see above for details). Please note: there is a great deal of walking up and down hill every day. Be sure to bring comfortable shoes made for walking (i.e. sneakers) not just flip-flops or sandals. Your feet will thank you!

Linens: The residence hall does not provide linens. You must bring your own bedding, sheets, pillow, towels, and washcloths. Mattresses in Ellsworth Hall are extra-long twin. If you don't have an extra long twin sheet set, two regular (flat) twin sheets may be used, however a fitted sheet from a normal twin sheet set will not fit. Please note: mattress pads are not provided.

Toiletries: Make sure to bring your own soap, shampoo, toiletries, sunscreen, and shower shoes.
What To Pack (continued)

Instruments and Music: Please don’t forget to bring your instrument and a folding music stand. Bring sufficient reeds, cork grease, valve oil, mutes, etc. All students must bring pencils and manuscript paper for the week. **Drummers** must bring their own drum sets, cymbals, sticks, brushes and mallets. **Guitar/Bass Players** must bring your own amps and patch cords. Smaller amps are encouraged as you may be required to move between different rooms for rehearsal. There will be secure, locked rooms to store your equipment. Please remember to bring your audition music. If you have a “real book” please bring those for our student jam sessions. Also, if you are planning on signing up for private lessons, you should bring music that you would like to work on. **Make sure all equipment is labeled with your name on it!**

Other Items: Here are a few other items that might be helpful to bring: an umbrella, hangers, alarm clock, reusable water bottle, healthy snacks, camera, playing cards, games, etc. Please note: the KU School of Music and the Midwestern Music Camp are not responsible for any lost or broken items. Students may also want to bring a small amount of cash for vending machines or laundry facilities.
Jazz Workshop Auditions

All Jazz Workshop auditions will consist of:

- A short excerpt or selection of any style of the student’s choice (jazz standard, classical etude, popular song, etc.)
- Scales
- Sight reading as selected by faculty
- A short improvised solo with a play-along CD (most likely 12-bar blues in B-flat or F; more advanced students will be asked to play an additional selection) as provided by the faculty

Additional audition material for Rhythm Section Instruments:

- Demonstrate certain grooves as requested by faculty (i.e. drummers might be asked to play a “swing” groove, bass players may be asked to play a walking bass line over a chord progression, etc.)
Note for 2015: The bridge across Iowa Street is closed to vehicles. Students will be able to walk across the bridge for concerts at the Lied Center.
Please note: This map is of the First Floor of Murphy Hall only. Please try to utilize the two entrances marked on the map so that you do not get lost in the building. There will be signage inside the building to direct you.

Do not park in the loading dock area, metered spaces, or handicap spaces or your vehicle will get a ticket.
Name of Camper: ____________________________________________________________

Instrument or Voice: _______________________________________________________

Camp (check one):

☐ Middle School Music Camp

☐ High School Band/Choir/Orchestra Camp

☐ High School Jazz Workshop

As the parent or legal guardian of the minor child listed above, I hereby grant consent to the University of Kansas the right to use, display, distribute, and create derivative works of University-related photographs or videotaped images of my child for use in connection with the activities of the University of Kansas for promoting, publicizing or explaining its activities. This grant includes, without limitation, the right to publish such images in newspapers, magazines, PR/promotional materials, fund-raising materials, and any other University-related publication. These images may appear in any of the wide variety of formats, including hard copy and electronic/online media.

I have read this document and understand its contents.

I give permission for the above: ☐ YES or ☐ NO

__________________________________
Printed Name of Parent or Legal Guardian

__________________________________
Signature of Parent or Legal Guardian

_______________________________
Date
HEALTH FORM FOR YOUTH PROGRAM PARTICIPANT

This completed form must accompany the individual on first visit to Watkins Health Services.

Name of Program / Camp: ____________________________________________________________

Name & Contact Information for Program’s Administrator: ________________________________

______________________________________________________________________________

Youth’s Name ______________________________________ Birth Date _______ Sex________

______________________________________ __________________________

Last First Middle

Parent Name ____________________________________ Best Phone # to call __________

Address ____________________________________________

Street __________________________________________

City, State ____________ Zip ______________________

Emergency Contact, if other than above: Name ________________________________ Best Phone # to call __________

Relationship to Youth ______________________________

Name of Family Physician __________________________ Phone # ______________________

1. Does the youth have any significant illness or disability? □ YES □ NO If yes, please explain _________________________________________________________________

2. Please check if the youth has or has had any of the following health conditions:

☒ asthma ☒ mental health ☐ dizziness/fainting ☐ diabetes ☐ epilepsy ☐ kidney problems

☒ tuberculosis ☒ cardiac ☒ headaches ☐ other ________________________________________

3. Has the youth had any other significant illnesses, injuries, or surgeries? □ YES □ NO If yes, please explain __________________________________________________________

4. Medications and their dosages taken by the youth

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason Taken</th>
</tr>
</thead>
<tbody>
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</table>

5. Immunization History – Please provide dates for the following OR provide a copy of an Official Immunization Record

Last Tetanus (Tdap) booster: __________________________ (should be updated no longer than every 10 years)

DPT 1st ________ 2nd ________ 3rd ________ 4th ________ 5th ________

MMR 1st ________ 2nd ________

Polio 1st ________ 2nd ________

Meningococcal conjugate vaccine (MCV) __________________________

Hepatitis A 1st ________ 2nd ________

Hepatitis B 1st ________ 2nd ________ 3rd ________

Chicken Pox (Varicella) 1st ________ 2nd ________

TB skin test – Date of Negative Result __________________________ OR Positive Result __________________________

6. Is the youth allergic to any medications? □ YES □ NO If yes, please list __________________________________________________________

7. Does the youth have any other allergies? □ YES □ NO If yes, please list _______________________________________________________

8. Do any allergies require an EPI Pen injection? □ YES □ NO If yes, please list _______________________________________________________

Please complete the required information on next page of this form.
HEALTH INSURANCE BILLING INFORMATION

Please note:

(1) If any charges are to be billed to an insurance company, a copy of the youth program participant’s insurance card(s) must be provided at the time of the first visit to WHS.
(2) We cannot bill Medicare or any state’s Medicaid program as we are not participating providers with these or similar government programs.
(3) The “Policy Holder” is the adult who carries this insurance and not the youth who is covered by the policy.

Please provide the following information for this youth camp participant along with a copy of the Insurance Card:

Insurance Company ____________________________________________
Claim Form Address ____________________________________________
Member I.D. # ___________________ Group # ___________________

*POLICY HOLDER’S Printed Name: __________________________ Date of Birth: __________ Soc. Sec. No. __________

Full Address of Policyholder: ________________________________________________________________

CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

In our Notice of Privacy Practices (NPP) we provide information about how Watkins Health Services (WHS) can use or disclose patient medical information. As described in our NPP, we hereby request your consent for any use or disclosure of medical information to carry out treatment, payment, or health care operations. You have a right to review our NPP before signing this Consent. A copy of the NPP has been provided to the Administrator of this Summer Program and the NPP is available for viewing on our website: http://studenthealth.ku.edu/about.

By signing this Consent form, you: (1) Acknowledge that a copy of the NPP has been made available to you; and (2) Consent to our use and disclosure of the patient’s health information for treatment, payment, or health care operations, as described in the NPP.

You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed the patient’s health information in reliance upon this Consent.

I hereby authorize Watkins Health Services to disclose any information from this youth’s medical record as needed to carry out treatment, payment or health care operations as explained in their Notice of Privacy Practices.

Parent/Guardian Signature: __________________________ Date: __________

Relationship to Patient: __________________________

Our Contact Information:

Watkins Health Services
1200 Schwegler Dr.
Lawrence, KS 66045
Fax: 785-864-9502
Email: health@ku.edu
Website: www.studenthealth.ku.edu
TREATMENT AGREEMENT FOR YOUTH PROGRAM PARTICIPANT -
WATKINS HEALTH SERVICES AT THE UNIVERSITY OF KANSAS

I acknowledge that I am the parent or guardian of the youth participating in a KU program and that I am authorized to sign this document on behalf of this participant.

CONSENT TO TREATMENT OF A MINOR
1. I hereby consent to such health care as may be deemed necessary by the providers at Watkins Health Services (WHS) including x-ray examination, lab tests, administration of medications, and any other diagnostic or therapeutic treatments.
2. I acknowledge that if urgent care is needed, it may not be possible to notify me in advance of such care but that I will subsequently be contacted.

GENERAL CONDITIONS FOR SERVICES BY WATKINS HEALTH SERVICES
3. I understand that WHS is not responsible for loss or damage to clothing, jewelry or other valuables in the youth’s possession.
4. It is my responsibility to provide a copy of any living will, medical power of attorney, or other directive that could affect care.

INSURANCE ASSIGNMENT
5. I hereby assign all benefits payable under the terms of my insurance policy/healthcare coverage to WHS, and I authorize payment directly to WHS for any claim filed on behalf of the person for whom I am duly authorized to sign for insurance benefits.

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY
6. I understand that WHS does not contract with all insurance companies and it is my responsibility to know the extent to which my insurance plan provides coverage for WHS services. And it is my responsibility to verify if my plan requires a referral or pre-approval for such services at WHS.
7. Further, I understand that WHS is not a contracting provider for and cannot bill Medicare or any state’s Medicaid program. If I have healthcare benefits under this type of government program, I am responsible for paying all WHS charges and it is my responsibility to seek reimbursement from these programs if it is my decision to do so.
8. I understand that I am financially responsible to WHS for any charges, co-pays and deductibles not covered by my insurance company/health plan. And, I understand that if I do not pay the bill within 90 days of the date of service, the overdue account will be sent to a collection agency.
9. If I do not want my insurance company/health plan billed, it is my obligation to immediately notify the WHS Business Office. I understand that I may address any questions concerning charges, billing or payments to the WHS Business Office.
10. I understand if my Youth Program participant makes an appointment and then fails to keep the appointment without notifying WHS, a “no show” fee will be assessed.

Print Name of Patient/Camp Participant

______________________________  ______________________________
Signature of Parent, Guardian or Representative  Relationship to Patient/Camp Participant

______________________________  ______________________________
Print Name of Parent, Guardian or Representative  Date:

Personal Representative’s Address and Phone Number:

______________________________  ______________________________

______________________________  ______________________________

Patient Label