Quick Guide to **Sunday, June 14**\(^{th}\) (Registration/Check-in Day):

Commuters also check in at Ellsworth Hall. Evening Pickup for commuters is at approximately 8:45 PM at the Murphy Hall Loading Dock.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-12:00</td>
<td>Registration/Check in at Ellsworth Hall (1734 Engel Road)</td>
</tr>
<tr>
<td></td>
<td>If you will be late, please make arrangements in advance with the camp office. Please leave all belongings in your vehicle until after you have checked in.</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Lunch on your own</td>
</tr>
<tr>
<td>1:00-1:45</td>
<td>Opening Meeting at Murphy Hall(^{1}) Room 130 (1530 Naismith Drive)</td>
</tr>
<tr>
<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 Lesson Sign-ups</td>
</tr>
<tr>
<td></td>
<td>These are informal, one-at-a-time auditions to determine placement in large ensembles.</td>
</tr>
<tr>
<td>3:30-5:00</td>
<td>Resident Campers meet in Murphy Hall Room 130; Commuter Campers free until Ensemble Rehearsal</td>
</tr>
<tr>
<td></td>
<td>Commuter campers are free for dinner until 6:45 PM when they will report to Murphy Hall for the first rehearsal.</td>
</tr>
<tr>
<td>5:00-6:00</td>
<td>Dinner at Mrs. E’s (1530 Engel Road)</td>
</tr>
<tr>
<td>7:00-8:30</td>
<td>First Large Ensemble Rehearsal</td>
</tr>
<tr>
<td></td>
<td>This is the first large ensemble rehearsal. Chair placements will be posted in Murphy Hall and the dorm by 6:30 PM. Please report to rehearsal by 6:45 PM to find chair placement.</td>
</tr>
<tr>
<td>8:30-8:45</td>
<td>All Camp Meeting</td>
</tr>
<tr>
<td></td>
<td>All campers must attend, both resident and commuter.</td>
</tr>
<tr>
<td>8:45</td>
<td>Commuter Campers Picked-Up</td>
</tr>
<tr>
<td></td>
<td>Commuter campers are ready to go home at this time. They may be picked-up at the Murphy Hall Loading Dock.</td>
</tr>
<tr>
<td>8:45-9:00</td>
<td>Resident Camper Meeting</td>
</tr>
<tr>
<td></td>
<td>Resident campers will continue their meeting, then return to dorms with counselors.</td>
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</tbody>
</table>

\(^{1}\) Residential Student’s parents are free to leave after the opening meeting, which is in Murphy Hall Room 130. Commuting Student’s parents, please stay until your child has completed auditions, and then bring your child back at 6:45 PM for rehearsal. Commuter students will be done for the day at 8:45 PM on Sunday.
Monday (15th) through Wednesday (17th)

Middle School Music Camp

Classes 8:30 AM – 4:45 PM

Commuters: Drop Off no later at 8:15 AM at the Murphy Hall Loading Dock
Pick-Up at 4:45 PM at the Murphy Hall Loading Dock

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

Commuter students are welcome and encouraged to stay for evening activities! This arrangement can be made on a daily basis with the camp office. Dinner may also be purchased for $11.00 at Mrs. E’s.

Quick Guide to Thursday, June 18th (Concert Day):

Commuters: Orchestra Drop Off at 7:45 AM at the Lied Center
Blue Band Drop Off at 8:15 AM at the Lied Center
Crimson Band Drop Off at 9:15 AM at the Lied Center
Pick-Up directly after the concert

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-11:30</td>
<td>Dress rehearsals, Lied Center</td>
<td>(1600 Stewart Drive)</td>
</tr>
<tr>
<td>11:30-1:00</td>
<td>Check-out at Ellsworth Hall²</td>
<td>(Lunch is available)</td>
</tr>
<tr>
<td>1:30</td>
<td>Middle School Concert, Lied Center*</td>
<td>(1600 Stewart Drive)</td>
</tr>
</tbody>
</table>

Order of performance

- Orchestra
- Blue Band
- Crimson Band

*Please note: in order to be polite and respectful for all of the performers, all students must stay for the entire concert. They will remain seated in designated rows with their ensembles until they are dismissed at the end of the concert.

² Parents may collect their child’s belongings during check-out before the concert, or after the concert at Ellsworth Hall. Belongings will be stored under counselor supervision until picked-up.
**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 Midwestern Music Camp 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**
Dress clothing with suitable shoes is expected for all final concerts. **Boys:** Black pants, black dress shoes and black socks, and a white dress shirt or polo shirt. **Girls:** Black or white dress (please remember that you will be seated on stage), or a black skirt or pants and a white blouse. **Shorts and/or sneakers are not considered acceptable attire for concerts.**

**Audition Results**
Audition results will be posted at Murphy Hall and in Ellsworth Hall before the first rehearsal.

**T-Shirts and Recordings**
T-shirts are available at registration for $15, 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 Mrs. E’s. Commuters and guests may eat in the cafeteria, or may bring a sack lunch. 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 the last day.

**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 after the opening meeting on Sunday.

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

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.

Instruments and Music: Please don’t forget to bring your instrument and a folding music stand. Bring sufficient reeds, cork grease, valve oil, mutes, rosin, etc. Percussionists must bring their own sticks and mallets. All percussion instruments will be provided. Please remember to bring your audition music and scales that you have prepared (sight reading will also be tested at the audition). 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!

Laundry: Laundry facilities and ironing boards are available for approximately $1.00 per load. Bring low-sudsing laundry detergent, quarters, an iron, and a laundry bag if you plan to do laundry while at camp.

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.
Middle School Music Camp Audition Music

All Woodwind & Brass campers need to prepare:

- A short audition selection of student’s choice (an etude, solo piece, short passage from band or orchestral music)
- Two scales of the student’s choice
- Sight-reading may be chosen by Woodwind & Brass Faculty at audition

All Percussion campers need to prepare:

- A short selection of the student’s choice on mallets (etude, solo piece, short passage from band or orchestral music)
- A short selection of the student’s choice on snare (etude, solo piece, short passage from band or orchestral music)
- Two scales of the student’s choice on mallets
- Two rudiments of the student’s choice on snare
- Brief sight-reading on mallets and snare may be chosen by Percussion Faculty at audition

All String campers need to prepare:

- A solo piece of the student’s choice
- Sight-reading may be chosen by String Faculty at audition
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.
KU Midwestern MUSIC Camp 2015
Murphy Hall First Floor Map

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.
KU Midwestern MUSIC Camp 2015
Photo and Information Release Form

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 ____________________________________________________________ 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>
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<tbody>
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</tbody>
</table>

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

Last Tetanus (Td) 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 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

Print Name of Parent, Guardian or Representative

Date: ______________________

Print Name of Business Office Representative

Personal Representative’s Address and Phone Number:

________________________________

________________________________

Patient Label