



University of Colorado Boulder

College of Music
Summer Music Academy

Dear Participant and Parents/Guardians

We look forward to welcoming you to the CU Boulder campus for the Summer Music Academy. Before your arrival, you are required to complete the attached waivers and upload them to the following Google form by **May 15, 2024**. <https://forms.gle/35y10G7VrxLXJqB7A>.

Included with this letter is a participation packet that contains:

1. Student Handbook

2. Forms to return:

- Student ID
- Notice to Participants of Risk of Injury
- Camper Medical and Emergency Information, Consent, Waiver, Release, and Notice of Risk, and return
- Medical Release and Authorization for Emergency Treatment
- Parental Permission for Student to Self-Care and Self-Administer Medications, sign and return

Completed forms must be signed, scanned into one PDF, and submitted through the Google form listed above by **May 15, 2024**. Students will not be allowed to attend the Summer Music Academy without the required forms.

Sincerely,

CU Boulder Summer Music Academy

University of Colorado Boulder
College of Music
musicacademy@colorado.edu



CU Summer Music Academy Student Handbook

Check-In & Day 1 Orientation

- High School Summer Music Academy: Sunday, June 13, 2021. Specific check-in time and location will be communicated to families in the spring once those details are finalized with conference services.
- Middle School Summer Music Academy: Sunday, June 23, 2021. Check-in time and location will be communicated to families in the spring once those details are finalized with conference services.

On the day of orientation, please wear comfortable shoes as there will be some walking between orientation, and dorms. Please pack your luggage accordingly as you will have to take it a short distance through campus.

Program check-in will be on Sunday, June 13 for high school campers, and Sunday, June 20 for middle school campers. We are still finalizing our camp schedule and details will now be posted to our website. AS soon as the schedule and check-in location become available we will post it to our website and communicate it to their families. We will also post the schedule to our website as soon as it is finalized.

CU parking services will be available at our dorms during check-in. Parking at all other locations (including off-campus) is the responsibility of the individual. Please note that there is no free parking on campus.

Suggested and Required Items to Bring:

- **Clothing:**
 - For most of our scheduled activities, comfortable clothing is appropriate. This includes modest-length shorts, jeans, t-shirts, etc.
 - Please make sure that clothing is modest and appropriate. If you wear a particular outfit to school, please do not wear it to camp. When in doubt, don't.
 - Please bring a pair of black pants and black shoes for the final concert. Concert attire will be the SMA t-shirt (provided in the camp fee), black pants, and black shoes.
 - Sunblock and sunglasses are recommended as some of our camp activities and games will take place outside.
- **Footwear:**
 - **Required:** Comfortable shoes for daily program activities.
 - **Required:** Black formal or semi-formal shoes for the final concert.
 - **Recommended:** Cleats (if you plan to use the dorm showers). Overnight students only.

- **Instrument:** Please bring your instrument (band and orchestra students), and any accessories you may need (reeds, strings, mutes, etc.). We will provide sheet music for the event. Percussion instruments and timpani are not included.
- **Rooms/Linens:** The dorm room amenities are listed below. We will provide pillows/blankets if you would like.

Linen packets (included with the overnight registration fee) include one set of linens: one washcloth, pillow, pillowcase, blanket, and bedspread. The rooms do not have a desk or service in the individual rooms. Each room is furnished with extra long twin beds, dresser, bookcase, desk, and closet. Telephones are not provided in rooms and phone wake-up service is not provided. TVs are located in dorm lounges. All rooms are non-smoking. Parking is by permit only in designated areas. Bunking beds is prohibited.

- **Required Items for Overnight Students:** Toothbrush, toothpaste, shampoo, conditioner, soap, wash soap, deodorant, etc.
- **Suggested Toiletries:** Hair dryer, shower cap, etc.
- **Alarm Clock:** Cell phone with an alarm function is fine.
- **Technology:** Students are allowed to bring cell phones, MP3 players, etc. to use during classes. The University of Colorado Music Academy Program is NOT responsible for any damage to or loss of personal technology devices.
- **Small fans:** As of this writing, we do not know yet whether we will have air conditioning. We encourage overnight students to bring a small fan for their dorm room. Students will only be in their dorms during evenings and overnight hours. Daytime activities take place in the IMIG music building, which has air conditioning.

Housing and Meals:

- All overnight residents will stay in one of the dorms on CU's campus. As soon as we realize our dorm assignments, we will share this information with you and your families. Two students will be assigned to each room. You will receive your room assignment and key during check-in. The Summer Music Academy has specific requests, but we can not make guarantees (see the registration form).
- CU's dining halls have a menu board with all allergen signs. Our dining halls offer a wide array of menu options that are vegetarian, gluten-free, and dairy-free.
- Students are welcome to bring their own snacks to use in vending machines.
- For security reasons, students are NOT allowed to use DoorDash or other food delivery services while staying in the dorms.
- **Loss of Personal Property:** The CU Summer Music Academy, its staff, and the University of Colorado Boulder assume no responsibility for the loss, theft, or destruction of money or valuables whether these occur in the student's room or on campus.

- **Suggestion to Protect Personal Property:** Lock your room when you are out. Even for a few minutes. Leave your keys with a responsible person or place them in the residence hall staff's mailbox ASAP.

Transportation:

- Commuters are responsible for making their own travel arrangements to and from camp each day.
- High School students are permitted to drive to camp only if they are enrolled in the daytime course and have a valid driver's license. They must leave campus during camp hours and return only permitted at the end of each day. Students who opt to drive themselves are responsible for securing parking. CU is not responsible for parking tickets and/or towed vehicles. Please note that there is no free parking on campus.
- Overnight residents are responsible for making their own travel arrangements to and home from camp on Thursday.
- Overnight students are expected to stay on campus at ALL TIMES during the program.
- Commuter students are expected to stay on campus at all times. We will not pick them up on the line or at camp.
- Participants may not leave the camp or campus at any time (exception: commuter students during designated daily check-out times).
- Extenuating circumstances such as injury, illness, or family emergencies will be handled by the SMA staff on a case-by-case basis.

Telephone:

- Students are required to turn cell phones OFF during all program workshops, concerts, and masterclasses. Students may use cell phones during breaks and personal time.

Contractual Obligations:

- Each student will sign a contract of performance and behavior. Students are not bound by the contract if they wish to participate in the program.
- **The University of Colorado Boulder is a drug-free, alcohol-free, and smoke-free campus.**
- The possession, sale, use, and/or distribution of illegal drugs is a violation of Colorado State Law. Any student involved in such illegal activities can be arrested by the CU and Boulder Police Department. Furthermore, any student involved in such illegal activity will be expelled promptly from the program and such action may affect future admission to the University of Colorado. This is true for the use and/or sale of alcohol.
- In accordance with state law, all campus buildings (including residence halls) are smoke-free. It is illegal for minors to purchase tobacco products.

Attendance:

- Students are expected and required to attend all classes, workshops, and other scheduled activities.

Failure to attend will result in a withdrawal from the program.

Rules for the Program:

- Students must participate in all activities.
- Students must stay with their mentor/counselor
- Respect will be given to all participants, coordinators, and staff of the program
- Students must be on time for all activities
- Counselors will arrive at 8:00 am for middle school students and 8:30 am for high school students
- No drugs or alcohol
- The program is drug-free, alcohol-free, and smoke-free campus
- Resident students are not allowed to leave campus
- Commuter students are allowed to leave campus with a signed permission slip each day. Students must leave with their parent/guardian and must sign the sign-in/sign-out sheet each day. (High school students still sign in and out, but do not need a parent/guardian signature)
- Students must lock their dorm rooms at all times and announce when they leave the room
- Students are responsible for their own room keys and any charges for replacement keys).

Insurance and Medical Information:

- Insurance: Parents of all students must provide proof of medical services. If forms are provided with the contract, no further action is needed.
- Illness: If a student becomes ill or cannot attend any scheduled camp activity, please notify a staff member immediately. If a parent/guardian is unable to transport the student, please notify a staff member immediately. A parent/guardian will be contacted in the event of an emergency to transport the student to a medical practitioner.
- Parent/Guardian, it is expected that your camp participant has medical coverage prior to entering the program.



University of Colorado Boulder, College of Music
2023 Summer Music Academy- Student Performance Contract

Participation in the Summer Music Academy requires acceptance of specific policies, performance, and behavior. This contract outlines the expectations of students accepting participation in the program.

I, _____, as part of the admission process, accept the terms and conditions of the

(Participant's First & Last Name, Please Print Clearly)
CU Summer Music Academy accept the conditions stipulated below.

Please initial the following:

_____ I understand that I will be participating in an academically rigorous and unique musical experience.

_____ I will attend all classes and activities.

_____ I will be on time for all classes, rehearsals, meals, and other camp activities.

_____ I will go to bed to the room with my counselor and fellow students at the close of all evening activities.

_____ I will remain in my room during the program.

_____ During the times mentioned above, I will observe the University Housing Department's Quiet Hours Policy.

_____ I will refrain from the use of drugs, alcohol, tobacco, and vaping products during my participation in the program.

_____ I will treat others in their rooms with respect at all times.

_____ I will abide by all rules and regulations of the program.

I understand that failure to abide by these conditions can result in termination of my participation in the program.

Signature of Camp Participant

Date

Signature of Parent/Guardian

Date



Student Medication List and Permission to Self-Carry and Self-Administer

The Summer Music Academy understands that students may need to take prescribed medication during their time at camp. This information will be kept confidential in the student's file.

Student Name: _____ Student Date of Birth: _____

Allergies: _____

Student Medication List

| Name of Medication | Dosage (please specify strength) | Frequency of Dosage | Purpose of Medication | Possible Side Effects | Is this medication prescription, or over the counter? |
|--------------------|----------------------------------|---------------------|-----------------------|-----------------------|---|
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Please list any additional information or follow-up care that may be necessary or applicable (seizure action plan, allergic reaction plan, etc.)

I, _____ hereby authorize my student _____ (Name of Camp Participant)
(Parent/Guardian Name)

to self-carry and self-administer the medications listed above. I understand that it is my child's responsibility to keep their medication stored in a safe location, and to not share their medication with anyone else. I understand that my child is solely responsible for taking the correct dosage as listed above, and that the Summer Music Academy, and all other personnel are NOT held responsible should my child miss a dose or take an incorrect dose of their medication. I understand that the Summer Music Academy is a drug-free and alcohol-free campus, and that my child will be held responsible for any necessary consequences.

Name of Parent/Guardian
(Please print legibly)

Signature

Date Signed

University of Colorado, College of Music
Summer Music Academy
Medical Release and Insurance Information

Should the participant be injured while residing or participating in the sponsored program:

- Participant and/or Parent/Guardian hereby give consent for the University of Colorado program directors and administrators to provide medical attention, transportation, or emergency medical services to participant as warranted.
- If injured while traveling to or from the program by airplane, train, or any other means of transportation, participant and/or guardian hereby agree to waive any legal claims against the University of Colorado and its regents, officers, employees, agents, or any program personnel.
- Participant and/or Parent/Guardian agree and acknowledge that some of all activities may be of a hazardous nature and/or include physical and/or strenuous exercise of activity.
- Participant and/or guardian certify that to the best of their knowledge the participant has no medical or physical health condition which would prevent participation in the program.
- Participant and/or Parent/Guardian hereby certify that the information provided is correct to the best of their knowledge.
- Participant and/or Parent/Guardian hereby agree to hold harmless the University of Colorado, its officers, or administrators, liabilities arising out of or in any way connected with any physical or mental injury sustained by participant, caused by negligence or otherwise.

Please provide the following information:

- Name and address of insurance company covering the participant.

- Name of policy holder _____
- Address of policy holder/responsible party _____
- Policy # _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Printed name of student participating in the program



Participant Notice of Risk and Waiver

| | |
|---|------------------------|
| Activity Description | CUDA Summer Activities |
| Start & End Dates | |
| Participant's Name | |
| Parent/Guardian Name (if participant is a minor) | |
| Emergency Contact Phone | |

The University of Colorado welcomes you to use our facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the use of the University of Colorado facilities and equipment provided by the University of Colorado and assume all associated risks of the designated activity. These risks include, but are not limited to:

Despite careful supervision, not all hazards can be eliminated. There is a risk of serious injury when participating in any activity program. Understandably, not all hazards are dangerous. However, participants in a CU sponsored program may be exposed to the following risks:

human contact, strains, contusions, lacerations, fractures, broken bones, paralysis, concussions, and all other circumstances inherent in the activity.

I agree to assume all risk of personal injury, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, defend, and hold harmless the University of Colorado from all claims, damages, and expenses, including reasonable attorney's fees, for the use of equipment and facilities provided by the University of Colorado. I agree to comply with the CU Student Code of Conduct and applicable laws (CU students).

Use of a privately-owned vehicle, including the operation or as a passenger, in participating in the activity is not provided by the University of Colorado. The University of Colorado does not provide liability or physical damage insurance coverage on privately-owned vehicles. The vehicle owner is responsible for obtaining physical damage insurance coverage for privately-owned vehicles.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical expenses and costs for any injury or illness sustained during the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as permitted by law.

| | |
|---------------------------|------|
| Activity Participant | Date |
| Parent/Guardian for Minor | Date |

(PAGE 1 OF 2) **CAMP PARTICIPANT EMERGENCY AND MEDICAL INFO**

I, _____, hereby read and understand the provisions above. For participants under 18 years of age, the parent _____ accepts the above terms on behalf of the participant, as permitted by _____.

CAMP INFORMATION

Campus/Department/Camp Name: _____
Camp Dates _____ to _____

PARTICIPANT

Name: _____
First _____ Middle _____ Last _____
Grade in School _____ Date of Birth _____
Home Address _____
Street Address _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO SIGN

Parent/Guardian Information

Primary Name _____
First _____ Middle _____ Last _____
Home Address _____
Street Address _____ City _____ State _____ Zip _____
Phone: Cell () _____ Home () _____ Work () _____

Secondary Name _____
First _____ Middle _____ Last _____
Home Address _____
Street Address _____ City _____ State _____ Zip _____
Phone: Cell () _____ Home () _____ Work () _____
Other Name _____
First _____ Middle _____ Last _____
Home Address _____
Street Address _____ City _____ State _____ Zip _____

Physician _____
Medical History (if necessary, use additional sheet) _____ Date of Last PE/Exam _____

Tetanus Booster _____
Allergies: Insect bites/stings Describe _____ Drug Describe _____
Food Describe _____
Other Describe _____

Is participant under the care of a provider for either _____? Yes No
If yes, please explain _____

Is participant taking medically prescribed medication? Yes No
If yes, please explain _____

Other information of which we should be aware? _____

(PAGE 2 OF 2) CAMP OF MINORS AND GAMMAWOMEN RELEASE AND NOTICE OF RISK

1. I execute this release and voluntarily accept responsibility for my participation in the designated activity. I understand and assume all associated risks of the designated activity. These risks include, but are not limited to (add or specify risks here):
Minor to severe bodily injuries incurred in the participation of ice hockey, team bonding activities. Minor injuries incurred in office work setting.
2. I agree to assume all risk of personal injury or death, damage to or loss of or destruction of any property, and any other loss or damage resulting from my participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.
3. The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for the designated activity.
4. To the best of my knowledge, I am free from all known and unknown conditions that may affect my participation in the designated activity. I affirm that I am in good health and that participation in the camp will not adversely affect my health condition. I will seek medical attention for any injuries sustained during the Camp activities to get in the best judgment in treating any injury that I may sustain during Camp and any such treatment will be at my expense.
5. I agree to, as a participant, abide by the rules and regulations of the University of Colorado and its affiliates. I agree to abide by the rules of the Camp and its affiliates. Possessing the above serious rules prohibited items at Camp Operator's sole discretion.
6. I understand that participants in University of Colorado events are sometimes photographed and videotaped for use in promotional and education materials. I understand that such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the University of Colorado to record and photograph my image for use by the University of Colorado or its assignees in research, education, and promotional programs.
7. I hereby certify that I have read and understand the regulations above. For participants under the age, the parent or guardian accepts the above terms and conditions and authorizes the participant's participation on behalf of said minor as permitted by the University of Colorado's policies and procedures. I voluntarily choose to participate in the designated activity provided by the University of Colorado.

Participant's Name _____

Date _____

Participant's Signature _____

For Participant

Parent/Guardian's Name _____

Date _____

Parent/Guardian's Signature _____