

**With Generous Support Received from the Bobcaygeon Legacy C.H.E.S.T. Fund**  
**BMC SUMMER MUSIC CAMP 2026 REGISTRATION**

Details: July 6th-10th from 9:00 am – 4:00 pm, After Care Available 4:00pm-5:00pm

Location: Kawartha Settlers' Village – 85 Dunn Street, Bobcaygeon

Sponsored by: Bobcaygeon Music Council Inc.

**Website: [www.bobcaygeonmusic.com](http://www.bobcaygeonmusic.com) Email for Registrations & Inquiries: [carolineb.bmc@gmail.com](mailto:carolineb.bmc@gmail.com)**

**Camper Information:**

<b>Student First Name (PLEASE PRINT)</b> Text	<b>Student Last Name (PLEASE PRINT)</b> Text
<b>Female/Male (circle one).</b> F.      M.	<b>Date of Birth: (mm/dd/yyyy)</b> Text
<b>Parent Phone:</b> Text <b>Text? Y. N.</b> Text	<b>Parent Email:</b> Text
<b>Home Address:</b> Text	<b>City/Town:</b> Text
<b>Province:</b> Text	<b>Postal Code:</b> Text

<b>Registration Options</b>	<b>Hours of Commitment</b>	<b>Tuition Cost</b>	<b>CHECK BOX</b>
Camp Day	9:00am-4:00pm	\$225	
After Care	4:00pm-5:00pm	\$50	

**Payment Options:**

ETRANSFER: [treasurer.musiccouncil@gmail.com](mailto:treasurer.musiccouncil@gmail.com)

CHEQUES: Payable Addressed to [Bobcaygeon Music Council](#)

**Student Name (Please Print):**

Text

**Student Signature (Initials Accepted):**

Text

**Parent/Legal Guardian Name (Please Print):**

Text

**Parent/Legal Guardian Signature:**

**APPLICATION & PAYMENT DEADLINE: June 19th, 2026 (please ensure you complete ALL sections of the form and submit with payment).**

## **MAJORS**

**Camper is applying for:**

(Circle or Highlight One):       BAND.       VOCAL.       BEGINNING BAND.       PERCUSSION.

N.B. Beginning Band is for students going into Grade 5 or 6 who have never played an instrument.

N.B. Students opting for the band program are responsible for bringing their own instrument (except percussionists). Most schools allow instrument sign-outs for the summer.

N.B. Reeds, drumsticks/mallets and instruments for beginning band members will be supplied.

## **ELECTIVES**

**Campers will be given the opportunity to participate in, and enjoy, a 45-minute class in an art discipline each afternoon. Because the number of spaces per discipline is capped, it is important to note that campers will be placed on a first-come, first-served basis as applications are received.**

**Campers are asked to prioritize the following electives (numbers 1-4) in provided boxes. PLEASE FILL IN ALL 4 BOXES. While it is our intention to provide each camper with their first or second choices, this may not be possible if the resulting requests exceed the number of spaces allowed per discipline. Applications with no elective selections will be placed where spaces are available.**

**ART**

In this visual art elective, get your creative juices flowing! Do you love to draw and paint freely without the concerns of the resulting appearances of your artwork? Join local artist, Jenn Churchill, and return to the use of basic techniques of composition, encouraging the freedom and joy of YOUR art projects.

**DANCE**

With professional dancer, Caroline Bentley, this dance elective will focus on the urban style of Hip-Hop, while introducing different ways of moving along with components of composition and creation. This is a very important aspect of dance as it enriches creativity, imagination and encourages the freedom of dance in everyone's unique way.

**IMPROV**

Come learn the basics of improv. with performer and former Second City instructor, Jennine Profeta. You'll laugh! You won't cry! Campers will participate in hands-on, laugh-a-minute games and exercises that build confidence while focusing on fundamentals such as teamwork and the power of "Yes And". No previous experience necessary.

**JAZZ COMBO (8-10 students)**

Specifically for the older, more advanced players, this elective is comprised of rhythm and horn sections and teaches techniques for music improvisation and small ensemble playing in a jazz setting. Join jazz specialist, Scott Marshall, and "let's lay down some grooves." .

## Photography/Videography Consent

Permission to Use Photographs and Videos Event: **BMC** Music Camp 2026

I grant to the Bobcaygeon **Music** Council Inc. the right to take photographs and/or videos of me or of my child in connection with the **BMC** Music Camp activities. I authorize the Bobcaygeon **Music** Council Inc., its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Bobcaygeon **Music** Council Inc. may use such photographs and/or videos of me or of my child with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Student Name: (Print Clearly) \_\_\_\_\_ **Text**  
Date: \_\_\_\_\_ **Text** Student's Initials: \_\_\_\_\_ **Text**

### If Under the Age of 18:

Parent/Legal Guardian Name: (Print Clearly) \_\_\_\_\_ **Text**  
Date: \_\_\_\_\_ **Text** Parent /Legal Guardian Signature: \_\_\_\_\_

## Elements of Risk Consent

During educational programs and educational activities, injuries may occur. The chance of an injury occurring can be reduced **if your child behaves respectfully and appropriately and always follows instructions** while engaged in the activity. If you child participates in the activities, you must understand that you bear the responsibility for any injury that might occur. The Bobcaygeon **Music** Council Inc. does **not** provide accident insurance coverage for student injuries that occur during their summer camp.

### Acknowledgement and Permission

**I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PERMITTING MY CHILD TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE CAMP. I HAVE REVIEWED WITH MY CHILD THE NEED TO ACT RESPECTFULLY AND APPROPRIATELY AND TO CAREFULLY FOLLOW THE INSTRUCTIONS OF SUPERVISORS AT THE CAMP.**

- I acknowledge that I have read and accepted the terms of the foregoing paragraph, and I give my child permission to participate in **BMC** Summer Music Camp 2026.
- If accepted for enrolment at **BMC** Summer Music Camp 2026 the student & parent agree to abide by all camp regulations and to co- operate with the administration and staff. The student and parent also understand that should criteria outlined not be met, applicants may be sent home.

Student Name: (Print Clearly) \_\_\_\_\_ **Text**  
Date: \_\_\_\_\_ **Text** Student's Initials: \_\_\_\_\_ **Text**

### If under age 18:

Parent/Legal Guardian Name: (Print Clearly) \_\_\_\_\_ **Text**  
Date: \_\_\_\_\_ **Text** Parent /Legal Guardian Signature: \_\_\_\_\_

## Medical Form (All information will remain confidential)

**CAMPER'S HEALTH CARD #:** \_\_\_\_\_ Text

Camper Name: \_\_\_\_\_ Text Date of Birth: \_\_\_\_\_ Text

Family Physician: \_\_\_\_\_ Text Phone: \_\_\_\_\_ Text

Student's Permanent Address: \_\_\_\_\_ Text  
(street address, city, province, postal code)

**1<sup>st</sup> contact in case of emergency:** Phone: \_\_\_\_\_ Text Parent(s)/Legal Guardian(s) Names: \_\_\_\_\_ Text

**2<sup>nd</sup> contact in case of emergency:** \_\_\_\_\_ Text \_\_\_\_\_ Text \_\_\_\_\_ Text  
(name) (phone) (relationship)

**3<sup>rd</sup> contact in case of emergency:** \_\_\_\_\_ Text \_\_\_\_\_ Text \_\_\_\_\_ Text  
(name) (phone) (relationship)

### **CAMPER MEDICAL INFORMATION**

Indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in camp activities such as:

<input type="checkbox"/> asthma	<input type="checkbox"/> feet or leg problems	<input type="checkbox"/> migraine
<input type="checkbox"/> chronic nosebleed	<input type="checkbox"/> heart problems	<input type="checkbox"/> rash
<input type="checkbox"/> diabetes	<input type="checkbox"/> hemophilia/bleeding disorders	<input type="checkbox"/> recent illness or operation
<input type="checkbox"/> digestive upsets	<input type="checkbox"/> hernia	<input type="checkbox"/> rheumatic fever
<input type="checkbox"/> ear, nose, throat infections	<input type="checkbox"/> history of head injuries	<input type="checkbox"/> seizures
<input type="checkbox"/> fainting spells	<input type="checkbox"/> joint disability such as: <i>dislocated shoulder, swollen painful joints, trick or lock knee, etc.</i>	<input type="checkbox"/> urinary infections
		<input type="checkbox"/> <b><u>any other medical conditions</u></b> please list below.

### **MEDICATION**

Does your child take prescribed medication(s) on a regular basis? Please specify: \_\_\_\_\_ Text

### **ASTHMA**

My child has Asthma  Yes Child carries, and will bring to camp, own inhalers medication for Asthma  Yes

List name of inhaler medication: \_\_\_\_\_ Text

### **ALLERGIES**

My child has Allergies  Yes Child carries, and will bring to camp, own EpiPen for a life- threatening allergy  Yes  
Check and list all known allergies:

foods (list) \_\_\_\_\_ Text

nuts (list) \_\_\_\_\_ Text

bee stings \_\_\_\_\_ Text

medications (list) \_\_\_\_\_ Text

other (list) \_\_\_\_\_ Text

If foods are life-threatening, please explain the symptoms and the treatment: \_\_\_\_\_ Text

Further explanations and/or additional information for which treatment may be necessary at camp. Use the bottom of this sheet if more room is required.

Text

---

---

---

List all medications and specific instructions for administering each medication (Medications must be kept with camp administrator, in case of emergency ie. loss of consciousness)

Text

---

---

---

#### GENERAL

Does your child wear or carry medical alert identification (e.g., bracelet)? Yes  No

If yes, please specify what is written on it.

Text

---

---

Does your child have any other relevant medical condition that will require modification of his/her program? Yes  No

If yes, please explain:

Text

---

---

Does your child have any special fears or conditions (e.g., anxiety) the knowledge of which will allow the camp staff to make the student's activities more relaxed? Yes  No

If yes, please explain:

Text

---

---

#### SUN PROTECTION

Our camp has outdoor activities. Please make sure your child is protected with a proper hat and sunscreen.

#### PERMISSION

Should it become necessary for my child to have medical care, I hereby give the BMC Camp Supervisor permission to use her/his best judgement in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Parent/Legal Guardian Name (please print): \_\_\_\_\_ Text

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Text

## Music Placement Form *(For students opting for band and beginning band programs only)*

ALL music students opting for band, beginning band or percussion must complete this form. Fill in Part A of this form and give it to your school music teacher or private music teacher to complete Part B. The form must be complete and submitted with your camp application.

If you have any questions, please feel free to contact BEV. TOMBELER at [tomblerbev@gmail.com](mailto:tomblerbev@gmail.com) or call 705-341-2504

### Part A – Student Information *(Student to complete -please print)*

Student's Name: \_\_\_\_\_ Text \_\_\_\_\_ School: \_\_\_\_\_ Text \_\_\_\_\_

Primary Instrument (Band Campers Only) (please be specific – e.g.: alto saxophone): \_\_\_\_\_ Text \_\_\_\_\_

Current Grade: \_\_\_\_\_ Text \_\_\_\_\_ Grade in September \_\_\_\_\_ Text \_\_\_\_\_ Years of playing experience (on above-mentioned instrument): \_\_\_\_\_ Text \_\_\_\_\_

Private Music Lessons: NO \_\_\_\_\_ Text YES \_\_\_\_\_ Text If yes, which instrument? \_\_\_\_\_ Text \_\_\_\_\_

List any musical ensembles (school or community) in which you participate: \_\_\_\_\_ Text \_\_\_\_\_

### Part B - Music Teacher Recommendation *(Teacher to complete – please print)*

Dear Music Teacher:

Thank you very much for taking the time to complete this form. Your investment of a few minutes will help us to correctly place your music student and provide them with a comfortable, yet challenging, musical experience. Please see the section at the end to provide additional comments. **Thanks so much for your time.**

Teacher's Name: \_\_\_\_\_ Text \_\_\_\_\_ School: \_\_\_\_\_ Text \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Text \_\_\_\_\_ School Phone: \_\_\_\_\_ Text \_\_\_\_\_

Please complete the performance ability assessment page.

Check here if you would prefer to speak to us via phone/email about this student.

Please circle the level which you feel best describes the performance ability of this student at this time.  
Please indicate if a student does not meet level one requirements and why.

Level One	Level Two	Level Three
<ul style="list-style-type: none"><li>-uses proper posture and playing/singing position</li><li>-reads and plays music on the appropriate staff without writing in note names, fingerings or slide positions</li><li>-reads and plays basic rhythms from whole notes to quarter notes with corresponding rests</li><li>-plays the first five notes of a concert B-flat major scale, ascending and descending, in quarter notes</li></ul>	<ul style="list-style-type: none"><li>-uses proper posture and playing position</li><li>-reads and plays music on the appropriate staff without writing in note names, fingerings or slide positions</li><li>-reads and plays basic rhythms from whole notes to eighth notes with corresponding rests</li><li>-plays concert B-flat major scale, one or two octaves, ascending and descending</li><li>-ability to respond to basic dynamic levels</li><li>-understands basic ensemble playing</li></ul>	<ul style="list-style-type: none"><li>-uses proper posture and playing position</li><li>-reads and plays music on the appropriate staff without writing in note names, fingerings or slide positions</li><li>-reads and plays rhythms in various time signatures</li><li>-plays 2 or more major scales, chromatic scales, ascending and descending</li><li>-understands ensemble playing</li><li>-ability to respond to articulation, 4 dynamic markings (staccato, slurs, etc...)</li></ul>

Text

Continued.....

This student's ability to focus on musically challenging music with level 3 skills is...

- excellent
- good
- developing

If the student is a clarinet player, the ability to play over the break is...

- comfortable
- not developed at this time

This student's ability level as a soloist is...

- comfortable
- would be most comfortable as a part of an ensemble rather than a soloist

In regard to a placement in an advanced ensemble (requiring greater rhythmic knowledge, part independence, and more advanced performance standards) I would recommend this student can definitely handle the challenge.

- Yes
- No

Overall, at school (or in private lessons) this student is performing...

- above the grade expectations
- at the grade expectations
- approaching grade expectations

Is there anything else that we should know about this student's musical performance abilities? Do you have any additional comments?

Text

---

---

---

---

Music Teacher's Name: (Please Print) \_\_\_\_\_

Text

Music Teacher's Signature: \_\_\_\_\_