#### **BMC Summer Music Camp 2024**

July 8-12, 8:30 a.m. – 5:00 p.m.

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

Sponsored by: Bobcaygeon Music Council Inc.

www.bobcaygeonmusic.com

#### Generous support received from the Bobcaygeon Legacy C.H.E.S.T. Fund

#### **BMC SUMMER MUSIC CAMP REGISTRATION**

Camper is applying for: (Circle one): BAND VOCAL BEGINNING BAND

- 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 beginners will be supplied.

| Student First Name (PLEASE PRINT)                         | Student Last Name (PLEASE PRI | NT)                         |
|---|-------------------------------|-----------------------------|
| Female/Male (circle one)                                  | Date of birth:                |                             |
| Home Address:   |                               |                             |
| City/Town:  | Province:                     | Postal Code:                |
| Parent Phone: Text? Y N                                   | Parent Email:                 |                             |
| N.B. Each student will receive a free Mus                 |                               |                             |
| ? Youth M ? Youth L ?                                     | Youth XL ? Adult S ? A        | dult M [?] Adult L Adult XL |
| Student Name (Please Print): Stude                        | ent Signature (initials?)     | Date:                       |
| Parent/Legal Guardian Name (Please Print): Parent/Legal G | uardian Signature:            | Date:                       |

Cost is \$205 per person. Please email completed forms with all signatures to: tomblerbev@gmail.com. Bursaries may be available upon request.

eTransfer payment to: <a href="mailto:treasurer.musiccouncil@gmail.com">treasurer.musiccouncil@gmail.com</a>
CHEQUES payable to: Bobcaygeon Music Council

APPLICATION DEADLINE: June 21, 2024 (please ensure you complete ALL sections of the form and submit with payment)

#### **ELECTIVES**

is necessary.

Campers will be given the opportunity to participate in, and enjoy, two 45-minute classes in various art disciplines 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 1-8) in provided boxes. Please fill in ALL eight 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.

|      | <u>UKULELE</u> . ( max. 10 students)  |
|------|---|
|      | For the students who are interested in learning this popular instrument at the camp, this elective allows students who play other instruments to experiment with, and get a basic exposure, to the enjoyment of playing a stringed instrument. Students will be |
|      | strumming along in unison and maybe even in part playing (harmony) in their songs. Basic playing techniques will be taught as   |
|      | no previous experience is required. Instruments will be supplied by the camp.   |
|      | HAND BELL CHOIR (8-11 students)   |
|      | Campers will be responsible for operating 1-2 bells each and will learn to read and play basic songs written in chordal formation   |
|      | while recognizing their own specifically assigned notes (bells). Campers will also be shown the proper care and maintenance of  |
|      | these delicate bells. The resulting sounds of a bell choir are nothing less than ethereal! Instruments will be supplied by the camp.  |
|      |   |
|      | <u>DRAMA (IMPROV.)</u> (12+ students)  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   |
| sucl | n as teamwork and the power of "Yes And". No previous experience necessary.   |
|      | JAZZ COMBO (7-9 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.   |
| JOII | n jazz specialist, Scott Marshall, and "let's lay down some grooves."   |
|      | DANCE (max. 12 students)  |
|      | With professional dancer, Caroline Bentley, this dance elective will focus on the urban style of Hip-Hop, while introducing   |
| enri | different ways of moving along with components of composition and creation. This is a very important aspect of dance as it ches creativity, imagination and encourages the freedom of dance in everyone's unique way.   |
|      | ART 1 (max. 15-18 students)   |
|      | In this visual art elective, get your creative juices flowing! The art zone will be filled with hands-0n projects, in a variety of  |
|      | mediums, that allow campers to express their inner artist. All abilities welcome. All art supplies will be provided by the camp.  |
|      | <u>ART</u> 2 (max 10-12 students)   |
|      | Do you love to draw and paint freely without the concerns of the resulting appearances of your artwork? Join local artist, Jen  |
|      | Churchill, and return to the use of basic techniques of composition, encouraging the freedom and joy of YOUR art.   |
|      |   |
|      | RECORDER (max 8-10 students)  |
|      | Enjoy a wonderful introduction to the world of instrumental music! Campers will learn the techniques of playing the recorder,   |

learn how to read basic music and perform simple songs. Instruments will be supplied by the camp and no previous experience

## **Photograph / Video**

Permission to Use Photographs and Videos Event: BMC Music Camp 2020

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: (Please Print))                               | _ Date | Student's Initials |
|---|--------|--------------------|
| If under age 18: Parent/Legal Guardian Name (print clearly) | I      | Date               |
| Parent /Legal Guardian Signature                            |        |                    |

### **Elements of Risk**

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.
- If accepted for enrolment at BMC summer music camp 2020 the student & parent agree to abide by all camp regulations and to cooperate 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: (Please Print)     | Student's Initials: | Date: |  |
|----------------------------------|---------------------|-------|--|
| Parent/Legal Guardian Signature: | Date                |       |  |

## Medical Form (All information will remain confidential)

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

| Camper Name:  |                                    | D                       | Date of Birth:   |             |
|---|------------------------------------|-------------------------|--|-------------|
| Family Physician:   |                                    | P                       | Phone:   |             |
| Student's Permanent Address:                                | (street address, city, provinc     | no nostal codo)         |  |             |
|   | (street address, city, provinc     | ce, postal code)        |  |             |
| 1st contact in case of emergency: Pl                        | none:                              | Parent(s)/Legal Gua     | ardian(s) Names:   |             |
| 2 <sup>nd</sup> contact in case of emergency: _             |                                    |                         |  |             |
|   | (name)                             | (phone)                 | (relationship)   |             |
| 3 <sup>rd</sup> contact in case of emergency:               | (name)                             | (phone)                 | (relationship)   |             |
|   |                                    |                         |  |             |
| CAMPER MEDICAL INFORMATION                                  | altal and a land a land and a land |                         | the state of the s |             |
| Indicate any significant medical cor<br>activities such as: | ditions, physical limitations, or  | any other concerns that | t might affect your child's full participation in ca   | ımp         |
| ? asthma  | ? feet or leg problems             |                         | ? migraine   |             |
| ? chronic nosebleed   | ? heart problems                   |                         | ? rash   |             |
| ? diabetes  | ? hemophilia/bleeding disc         | orders                  | ? recent illness or operation  |             |
| ? digestive upsets  | ? hernia                           |                         | ? rheumatic fever  |             |
| ? ear, nose, throat infections                              | ? history of head injuries         |                         | ? seizures   |             |
| ? fainting spells   | ? joint disability such as: d      | islocated shoulder,     | ? urinary infections   |             |
|   | swollen painful joints, trick o    | r lock knee, etc.       | ? any other medical conditions please  | list below. |
|   |                                    |                         |  |             |
|   |                                    |                         |  |             |
|   |                                    |                         |  |             |
| MEDICATION  |                                    |                         |  |             |
| Does your child take prescribed med                         | dication(s) on a regular basis? F  | Please specify:         |  |             |
| , ,   |                                    |                         |  |             |
| ASTHMA  |                                    |                         |  |             |
| My child has Asthma □ <b>Yes</b>                            | Child carries, and will bring t    | o camp, own inhalers m  | edication for Asthma 🗆 <b>Yes</b>  |             |
| , =   |                                    | ,                       |  |             |
| List name of inhaler medication                             | on:                                |                         |  |             |
|   |                                    |                         |  |             |
| ALLERGIES   |                                    |                         |  |             |
| My child has Allergies ☐ Yes                                | Child carries, and will bring t    | co camp, own EpiPen for | a life- threatening allergy   Yes  |             |
| Check and list all known allergies:                         |                                    |                         |  |             |
| □ foods (list)  |                                    |                         |  |             |
| □ nuts (list)   |                                    |                         |  |             |
| □ bee stings  |                                    |                         |  |             |
|   |                                    |                         |  |             |
|   |                                    |                         |  |             |
|   |                                    |                         |  |             |
| If foods are life-threatening, pleas                        | e explain the symptoms and th      | e treatment:            |  |             |
|   |                                    |                         |  |             |

| Further ex required. | planations and/or additional information for which treatment may be necessary at camp. Use the bottom of this sheet if more roo  | om is     |
|----------------------|--|-----------|
| -                    |  |           |
| -                    |  |           |
|                      | dications and specific instructions for administering each medication (Medications must be kept with camp administrator, in case y ie. loss of consciousness)  | of        |
| -                    |  |           |
| GENERAL              |  |           |
|                      | child wear or carry medical alert identification (e.g., bracelet)? Yes ? No ?  f yes, please specify what is written on it.  |           |
|                      | child have any other relevant medical condition that will require modification of his/her program?  Yes  No f yes, please explain:   | ?         |
| more relax           | child have any special fears or conditions (e.g., anxiety) the knowledge of which will allow the camp staff to make the student's acted?  Yes ? No ? f yes, please explain:  | ctivities |
| SUN PROT             | ECTION  has outdoor activities. Please make sure your child is protected with a proper hat and sunscreen.  |           |
|                      | DN secome necessary for my child to have medical care, I hereby give the BMC Camp Supervisor permission to use her/his best judge 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 po |           |
| Parent/Leg           | gal Guardian Name (please print):  |           |
| Signature            | Date:  |           |

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

ALL music students opting for band or beginning band 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. TOMBLER at tomblerbev@gmail.com or call 705-243-9639.

| Part A – Student Information (Stude   | ent to complete -please print)  |   |
|---|---|---|
| Student's Name:   | School:   |   |
| Primary Instrument (Band Campers Only   | y) (please be specific – e.g.: alto saxopho   | ne):  |
| Current Grade: Year   | s of playing experience (on above-mention   | oned instrument):   |
| Private Lessons: NOYES If yes, v  | which instrument?   |   |
| List any musical ensembles (school or co  | ommunity) in which you participate:   |   |
|   |   |   |
| Part B - Music Teacher Recommen   | dation (Teacher to complete – please print)   |   |
| _   | comfortable, yet challenging, musical exp   | of a few minutes will help us to correctly place you perience. Please see the section at the end to   |
| Teacher's Name:   | School:   |   |
| Teacher's Email:  | School Phon   | e:  |
| Please complete the performance ability   | / assessment page.  |   |
| Check here if you would prefer to sp  | eak to us via phone/email about this stu  | dent.   |
|   | eel best describes the performance abilit<br>not meet level one requirements and why  |   |
| Level One   | Level Two   | Level Three   |
| -uses proper posture and playing/singing position -reads and plays music on the appropriate without writing in note names, fingerings slide positions -reads and plays basic rhythms from whole notes to quarter notes with corresponding plays the first five notes of a concert B-fla major scale, ascending and descending, in quarter notes | slide positions -reads and plays basic rhythms from whole notes to eighth notes with corresponding rests -plays concert B-flat major scale, one or to octaves, ascending and descending | e staff or without writing in note names, fingering or slide positions e -reads and plays rhythms in various time rests signatures wo -plays 2 or more major scales, chromatic scales, ascending and descending |

| 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 performanc 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?  |
|  |
|  |
|  |
|  |
| Music Teacher's Name (please print):   |
| Music Teacher's Signature:   |