



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 2024 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/5syt5G7vrXJqB7A>.

Included with this letter is a participation packet that contains the following:

1. Student Handbook
2. Forms to return:
 - ☐ Student Contract- sign and return
 - ☐ Notice to Participants of Risk and Waiver of Responsibility- sign and return
 - ☐ Camper Medical and Emergency Info and Camp Waiver, Release, and Notice of Risk- sign and return
 - ☐ Medical Release and Insurance Information Form- sign and return
 - ☐ Parent Permission for Student to Self-Carry 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 participate in the camp if they are missing any of the required forms.

Sincerely,

CU Summer Music Academy

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



CU Summer Music Academy Student Handbook

Check-In & Day One Orientation

- High School Summer Music Academy: Sunday, June 16, 2024. 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, 2024. 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 parking, 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 16th for high school campers, and Sunday, June 23rd for middle school campers. We are still finalizing our camp schedule and details with on-campus housing. As soon as the schedule and check-in location become available, we will communicate that information to campers and their families. We will also post the schedule to our website as soon as it is finalized.

CU Parking Services will be made aware of our dorm move-in, and we will provide details for short-term relaxed parking near our dorm during check-in. Parking at all other times (including all long-term parking) 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 and casual clothing is appropriate. This includes modest-length shorts, jeans, t-shirts, etc.
 - Please make sure that clothing is modest and appropriate. If you would not be allowed to 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 closing concert
 - **Recommended:** Shower shoes/flip flops to use in the dorm showers (overnight students only)

- **Instrument:** Please bring your instrument (band and orchestra students) and any accessories you may need (reeds, cleaning swabs, etc). We will provide sheet music for the event. Percussion instruments and pianos are available on campus for those students to use.
- **Rooms/Linens:** The dorm room amenities are listed below. You are welcome to bring additional pillows/blankets if you would like.

Linen packets (included with the overnight registration fee) include one set of non-fitted sheets, two towels, one washcloth, pillow, pillowcase, blanket, and bedspread. There is no housekeeping service in the individual dorm rooms. Housekeeping service is provided in restrooms and public areas. Rooms are furnished with extra long twin beds, dresser, bookcase, desk, and closet. Telephones are not provided in rooms and phone jacks are not active. A microfridge (microwave, refrigerator, and freezer) is provided in each room. Telephone wake-up service is not provided. TV's are located in dorm lounges. All rooms are non-smoking. Parking is by permit only in designated areas. Bunking beds is prohibited.

- **Required Toiletries for Overnight Students:** Toothbrush, toothpaste, shampoo/conditioner, body wash/soap, deodorant, etc.
- **Suggested Toiletries:** Hair dryer, shower caddy
- **Alarm Clock:** Cell phone with an alarm function is fine
- **Technology:** Students are allowed to bring cell phones/iPads, etc to camp, but are not allowed to use these devices during classes and/or rehearsals. **The University/Summer 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 which dorm our program has been assigned to. Since some of CU's dorms do not 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 is air-conditioned.

Housing and Meals:

- All overnight residents will stay in one of the dorms on CU's campus. As soon as conference services finalizes our dorm assignment, we will share that information with campers and their families. Two students will be assigned to each room. You will receive your room assignment and key during check-in. The Summer Music Academy will do our best to accommodate roommate requests, but we can not make guarantees (please submit your roommate request on the camp registration form).
- CU's dining halls label all food with allergen signs. Our dining halls offer a wide array of menu options that are free of the 8 most common food allergies (as well as vegetarian and vegan options).
- Students are welcome to bring their own snacks, and may also wish to bring some spending money 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, in the residence halls, common areas, or elsewhere on campus.

- **Suggestions to Protect Personal Property:** Lock your room when you are out, even for a few minutes. Leave valuables at home. Report any missing or stolen items to the residence hall staff ASAP.

Transportation:

- Commuters are responsible for making their own travel arrangements to and from camp each day.
- High School students with a driver's license may drive themselves to and from campus each day only if they are enrolled in the daytime/commuter camp option. These students are NOT allowed to leave campus during camp hours and are only permitted to leave after signing out of camp at the end of each day. Students who opt to drive themselves are responsible for securing their own 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 camp on Sunday and home from camp on Thursday.
- Overnight students are expected to stay on campus at ALL TIMES during the camp
- Commuter students are expected to stay on campus at all times, until their parent/guardian comes to pick them up at the end of each day.
- Participants may not leave the camp or campus at any time (exception: commuter students at the 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, rehearsals, sectionals, concerts, and masterclasses. Students may use cell phones during breaks and personal time.

Contracts and Expectations:

- Each student will receive a contract of performance and behavior. Students are expected to abide 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 Departments. 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. The same is true for the use and/or sale of alcohol.
- In accordance with Colorado State Law, all restaurants (including CU dorms, buildings, and dining 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 do so will result in dismissal 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, mentors, staff, and others while in the program
- Students must be on time to all activities
- Counselors will walk overnight students back to their dorms each evening. Lights out time for middle school students is approximately 9:30 pm, and 11 pm for high school students.
- No drugs or alcohol are allowed during the program. The University of Colorado Boulder is a drug-free, alcohol-free, and smoke-free campus.
- Resident students are not allowed to leave campus
- Commuter students are only allowed to leave campus at the designated pick-up time each day. Students must leave with their parent/guardian and must sign their name on the sign-in/sign-out sheet each day. (High school students who drive themselves each day must still sign in and out, but are not required to leave with a parent/guardian).
- Students must lock their dorm rooms at all times and whenever they leave the room
- Students are responsible for their own room key (as well as any charges for replacement keys)

Insurance and Medical Information:

- Insurance: Parents or guardians must sign the medical services form, which gives university staff permission to obtain medical services for students should an accident occur. Release forms are provided with the contract.
- Illness: If a student becomes ill or can not attend any scheduled camp activity, please let a staff member know immediately. If professional medical attention is required, a parent/guardian will be contacted immediately to transport the student to their medical practitioner.
- Parent/Guardian, it is expected that your camp participant has medical coverage prior to entering and for the duration of the program, to be provided by their parent/guardian.

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 accepted into the program.

I, _____, as part of the admissions procedure to 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 focused program that will provide me with a 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 directly to the dorm with my counselor and fellow students at the close of all evening activities.

_____ I will remain in my dorm between the hours of 10:00 pm and 7:00 am.

_____ 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 and their property 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 in mg)	Frequency of Dosage	Purpose of Medication	Possible Side Effects	Is this medication prescription, or over the counter?

Please list any additional information or follow-up here. Please include any emergency medical protocols if applicable (seizure action plan, allergic reaction plan, etc).

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

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 University of Colorado, the Summer Music Academy, and all CU Boulder personnel are NOT held responsible should my child miss a dose or take an incorrect dose of their medication. I understand that CU Boulder is a drug-free and alcohol-free campus, and that my child is not allowed to take any medications other than the medically necessary medications I have authorized above.

Name of Parent/Guardian
(Please print legibly)

Signature of Parent/Guardian

Date Signed

**University of Colorado, College of Music
Summer Music Academy
Medical Release & 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 or administrators to provide medical attention, transportation, or emergency medical services, to participant as warranted.
- If injured while traveling to or from the program by public, private, or any other means of conveyance, participant and/or guardian and family agree to waive any legal claims against the University of Colorado and its regents, officials, employees, agents, or any program personnel.
- Participant and/or Parent/Guardian agree and acknowledge that some or all activities may be of a hazardous nature and/or may include physical and/or strenuous exercise or activity, and fully understanding this risk, participant and/or guardian certify that to the best of their knowledge the participant has no medical or physical health condition which would prohibit or prevent their active participation in any program event.
- Participant and/or Parent/Guardian acknowledge that all listed information is correct to the best of their knowledge.
- Participant and/or Parent/Guardian hereby agree to hold harmless and release the Regents of 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 participant's own neglect during the course of the program.

Please provide the following health insurance information:

☐ Name and address of insurance company covering the participant:

☐ Name of policy holder/responsible party: _____

☐ Address of policy holder/responsible party: _____

☐ Policy number and expiration date: _____



Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date

Printed name of student participating in the program





University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description	CU Summer Music Academy
Start & End Dates	
Participant's Name	
Parent/Guardian Name (if participant is a minor)	
Emergency Contact & Phone	

The University of Colorado welcomes you as a participant in this activity, including the use of University of Colorado facilities and equipment. Please read through the following important information.

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

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any activity/program. Understandably, not all hazards and dangers can be foreseen. Participants in a CU sponsored program must understand that depending upon the particular activity may include but not limited to: dangers and injuries due to natural occurrences beyond human control or influence, exposures to community spread illnesses or diseases, trips, falls, sprains, strains, contusions, lacerations, fractures, broken bones, paralysis, concussions, and all other circumstances inherent to these activities/programs.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of 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. I agree to comply with the CU Student Code of Conduct and adhere to Section 26 directives for university/public health orders (CU students).

Use of a privately-owned vehicle, including the operation or as a passenger, may be an option while participating in the off-campus trip activity. The University of Colorado does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for privately owned vehicle.

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 any injuries 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 C.R.S. § 13-22-107.

Activity Participant	Date
Parent/Guardian for Minor	Date

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

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 C.R.S. § 13-22-107.

CAMP INFORMATION

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

PARTICIPANT INFORMATION

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

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP PARTICIPANT

Parent/Guardian Information

Primary Name _____
First Middle Last
Home Address _____
Street Address City

Phone: Cell () - - Home () - - Work () - - X

Secondary Name _____
First Middle Last

Home Address _____
Street Address City

Phone: Cell () - - Home () - - Work () - - X

Other Name _____
First Middle Last

Home Address _____
Street Address City State Zip

MEDICAL INFORMATION

Physician _____ Phone () - -

Medical History (If necessary, use additional sheet) _____ Date of Last

Tetanus Booster _____

Allergies: Insect bites/stings ☐ Describe _____ Drug ☐ Describe _____

Food ☐ Describe _____ Other ☐ Describe _____

Is participant under the care of a provider for either medical or psychological reasons? 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 PARTICIPANT CAMP WAIVER, RELEASE, AND NOTICE OF RISK

1. I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. I understand and assume all associated risks of the designated activity. These risks include, but are not limited to (add camp-specific risks here):
Minor to severe bodily injuries incurred in the participation of icebreaker/team bonding activities. Minor injuries incurred in office work setting.
2. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of 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 any injuries sustained during the designated activity.
4. To the best of my knowledge, I am free from any known health condition that could hinder or prevent active participation in or otherwise jeopardize the well-being of others in the Camp. By signature below, I affirm that I am in good health and that participation in the camp will in no way aggravate any health condition. I will seek medical advice as appropriate. I authorize Camp operators to act in their best judgment in treating any injury that I may sustain during Camp and agrees that all costs associated with such treatment will be at my expense.
5. I agree to, and understand the importance of, following rules and regulations as set forth by camp leaders to minimize risk to myself and others. I will not bring or possess any items which might endanger Participant or others (such as knives, weapons, illegal drugs). Possessing the above or serious violation of rules may result in dismissal 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 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, educational and promotional programs.
7. 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 C.R.S. § 13-22-107. Participant exercises free and voluntary choice to participate in the above-referenced Camp, including use of facilities and equipment provided by the University of Colorado.

Participant's Name _____ Date _____

Participant's Signature _____

For Participants under 18 years of age

Parent/Guardian's Name _____ Date _____

Parent/Guardian's Signature _____