2020 Cello Camp

Stephanie Hunt, Camp Director

July 13-16, Monday-Thursday
3:30-7:30pm

Dunham Hall Choir Room, SIUE

Tuition: If postmarked by April 30, $155
If postmarked after April 30, $165
Payment online or checks payable to SIUE Suzuki

Program Includes:
Four Days of Group Cello Instruction
Cello Ensembles
Cello Technique Seminars
Solo and Ensemble Performance Opportunities
Daily Snacks and Refreshments

Students will be chaperoned at all times

Although this is not strictly a Suzuki camp, students should play at approximately Suzuki Book 4 level and familiar with tenor clef. Please contact Stephanie Hunt for any questions.

Stephanie Hunt
stehunt@siue.edu

Required materials:
Registration Form (filled out completely)
Health Consent Form
Liability Waiver Form (MUST HAVE A WITNESS SIGNATURE)
Photo Release Form
Conduct Form
Tuition check payable to SIUE Suzuki or online payment. Please submit all fees by April 30th
Pay online at http://www.siue.edu/suzuki/current-parents-students/index.shtml

Optional:
Parking Hook for Lot E
Cello Camp 2020 Registration Form

Mail to:
SIUE Suzuki Strings Program, Cello Camp
SIU Edwardsville
Box 1771
Edwardsville, IL 62026

Postmarked before April 30th, $155. Postmarked after April 30th, $165.

PLEASE PRINT

Name of Student__________________________________________________Age_________
Address (street)_____________________________________________________________________
(city)______________________________________________________________________________
Parent/Guardian______________________________________________________________
Phone___________________________ Work phone_________________________________
Email address_____________________________________________________________________
School_________________________________________ Grade______________________________
Private Teacher______________________ Current Piece______________________________

Registration Checklist:
___ Registration Form
___ Required Summer Activities for Youth Health Consent form
___ Required Liability Waiver form (must have witness signature)
___ Required Photo Release form
___ Required Conduct form
___ $155 Early Bird Tuition before April 30: [ ] I made an online payment on __________ date /[ ] I am enclosing a check to SIUE Suzuki
___ $165 Regular Tuition after April 30th: [ ] I made an online payment on __________ date /[ ] I am enclosing a check to SIUE Suzuki
Optional:
___ Parking hook, add $10 (for lot E, behind Dunham hall, one week)
Parking Hook Information (we cannot order a hook without this information):
  Name of Parent______________________________________________________________
  Make of Car____________________________________________________________________
  License Plate #_______________________________________________________________

TOTAL AMOUNT ENCLOSED:__________________

Questions: Stephanie Hunt, stehunt@siue.edu
SUMMER ACTIVITIES FOR YOUTH
HEALTH INFORMATION AND CONSENT FORM

1. Camp or Program ____________________________ Date ____________

2. Participant's Name ____________________________
   (last) ____________ (first) ____________ (middle)

3. Home Address and Phone:
   (street or route) ____________ (city or town) ____________ (state) ____________ (zip) ____________ (phone) ____________

4. Parent's Names:
   Mother (or Guardian) (last) ____________ (first) _______ (middle)
   Father (or Guardian) (last) ____________ (first) _______ (middle)

5. Work Address and Phone:
   Mother (or Guardian) (street or route) ____________ (city or town) ____________ (state) ____________ (zip) ____________ (phone) ____________
   Father (or Guardian) (street or route) ____________ (city or town) ____________ (state) ____________ (zip) ____________ (phone) ____________

6. Please list any relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain:
   ____________ Handicapping conditions
   ____________ Diagnosis
   ____________ Allergies
   ____________ Activity restriction
   ____________ Necessary regular medications
   ____________ Other

8. Physician to be contacted in case of emergency:
   Name ____________________________ Telephone Number ____________
   Address ____________________________
   ____________________________ (Signature of parent or guardian)

Consent of Treatment

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for
   ____________________________ (first name)
   ____________________________ (middle name)
   ____________________________ (last name)
   ____________________________ (relationship to minor)
   ____________________________ (date of birth)
   ____________________________ (gender)
   ____________________________ (grade in school)
   ____________________________ (signature)
   ____________________________ (parent or guardian)
   ____________________________ (others)
   ____________________________ (phone)
   ____________________________ (signature)
   ____________________________ (phone)
   ____________________________ (phone)
   ____________________________ (phone)
   ____________________________ (phone)
   ____________________________ (phone)

Signature ____________________________ Telephone ____________________________

Relationship to Minor ____________________________

Distributor: Program Director / Program Staff
For participants OVER 18:

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT**

*(BINDING LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING)*

I hereby acknowledge that my participation in the __________ [camp name], on ________________ [date(s)], hereinafter “Activity”, sponsored and administered by Southern Illinois University Edwardsville’s _______ [program/department name], involves an inherent risk of and exposure to property damage and bodily or personal injury to me as a participant and to others as participants. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity. I further acknowledge that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, and training for the Activity. I acknowledge that the Board of Trustees of Southern Illinois University governing Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees (hereinafter SIUE) do not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in the Activity. I hereby assume any and all such risk. I acknowledge that SIUE does not provide insurance coverage for me. For the sole consideration of SIUE arranging for and allowing my participation in the Activity, and in connection therewith, making available for my use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby do for myself, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Activity whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. I understand and agree that SIUE does not have medical personnel available at the locations of the Activity; that SIUE is granted permission to authorize emergency medical treatment for me; that such action by SIUE shall be subject to the terms of this Agreement; and that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be effective during the entire period of my participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read and understand this entire statement and have freely and voluntarily signed this Waiver & Release of Liability & Covenant Not To Sue Agreement. I warrant that I am over the age of 18 years.

This __________ day of ______________, 20____.

________________________________  __________________________________
Signature of Participant/Volunteer  Signature of Witness
(must be 18 years old or older)
For participants UNDER 18:

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK,
& COVENANT NOT TO SUE AGREEMENT

(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that my participation in the ________________________________ [camp name], on ________________ [date(s)], hereinafter “Activity”, sponsored and administered by Southern Illinois University Edwardsville’s ______________________ [program/department name], involves an inherent risk of and exposure to property damage and bodily or personal injury to my child as a participant and to others as participants. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity to and for my child. I further acknowledge that it is my child’s sole responsibility to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training for the Activity. I acknowledge that Southern Illinois University Edwardsville (hereinafter SIUE), does not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child’s participation in the Activity. I hereby assume any and all such risk. I acknowledge that SIUE does not provide insurance coverage for my child. For the sole consideration of SIUE arranging for and allowing my child’s participation in the Activity, and in connection therewith, making available for my child’s use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby do for myself, my child, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child’s participation in the Activity whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. I understand and agree that SIUE does not have medical personnel available at the locations of the Activity; that SIUE is granted permission to authorize emergency medical treatment for my child, that such action by SIUE shall be subject to the terms of this Agreement; and that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be effective during the entire period of my child’s participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read and understand this entire statement and have freely and voluntarily signed this Waiver & Release of Liability & Covenant Not To Sue Agreement. I warrant that I am over the age of 18 years.

This __________ day of ____________, 20___.

__________________________________________  ____________________________
Signature of Parent                         Signature of Witness
(Must be 18 years or older)

Parent’s Name: __________________________

Child’s Name: ___________________________ DOB: ______________
PHOTOGRAPH / VIDEO CONSENT AND RELEASE (ADULT)

I, (print name) ________________________________________, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of me and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions. I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE may ___ may not ___ (check one) use my name and identity in connection with the image.

__________________________
(Date)

__________________________
(Signature of adult subject)

__________________________
(Address)

__________________________
(City, State, ZIP)

*****************************************************************************

PHOTOGRAPH / VIDEO CONSENT AND RELEASE (CHILD)

I, (print name) ________________________________________, parent or official guardian of (child’s name) ________________________________________, hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of my child and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions of my child. I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me or my child. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE may ___ may not ___ (check one) use my child’s name and identity in connection with the image.

__________________________
(Date)

__________________________
(Signature of parent or guardian)

__________________________
(Address)

__________________________
(City, State, ZIP)
Southern Illinois University Edwardsville
Summer Camp/Program Disciplinary Procedures

Each participant has a reasonable expectation to enjoy a positive camp/program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the camp/program experience of others. Most camp/programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the disciplinary policy.

Participants failing to adhere to camp/programs rule, or exhibiting behavior clearly intended to annoy or endanger other participants, will be privately and formally warned by a camp/program staff member and informed that subsequent misbehavior could result in dismissal from camp by the Camp/Program Director. The Camp/Program Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

NOTE: SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL CAMP/PROGRAM EXPERIENCE. PARTICIPANTS DISMISSED FROM CAMP/PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND CAMP/PROGRAM.

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a camp/program, but is not so egregious as to warrant immediate dismissal from camp/program. It in no way precludes immediate dismissal from camp/program for more serious disciplinary problems or violations of campus or camp/program regulations. A serious disciplinary problem is defined as one in which the camp/program staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or camp/program staff member’s safety in jeopardy; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual/racial or other harassment; sexual misconduct, or other behavior that is serious enough to warrant an immediate dismissal from the camp.

Parent and Participant Pledge:

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp/program may result in early dismissal from camp/program without any refund of fees paid to attend. We pledge to abide by all camp/program rules and to exercise good behavior and proper respect for others.

PARTICIPANT SIGNATURE __________________________________________

PARENT/GUARDIAN SIGNATURE ______________________________________

Camp/Program: ___________________________ Dates: ___________________