

# SIUE String Development Camp



July 15-19<sup>th</sup>, 2019, Monday-Friday  
8:30am-4:30pm

Violin, Viola and Cello students

Parents and Observers are welcome!

Mikaila Seo, Camp Director

Vera McCoy-Sulentic, Co-Director

Southern Illinois University Edwardsville, Dunham Hall

# Want to Apply?



## For students Suzuki book 2 level and up, must be able to read music

You don't have to play pieces out of the Suzuki repertoire, just something similar! Questions? Just ask us! **Application includes registration form and a video playing sample (submitted via USB drive or YouTube link),** so we can accurately place you in chamber music groups, and plan for performances.



## Five full days of instruction, total: \$300!

A day at camp includes: Orchestra, Chamber Music, Private lessons for everyone, Electives, Daily recitals, Performance Zone.

## We'd love to have you at camp this summer!

Further information: Contact: [vmccoys@siue.edu](mailto:vmccoys@siue.edu), Phone: 618-650-2839, Fax: 618-650-5988,

[www.siue.edu/artsandsciences/music/suzuki](http://www.siue.edu/artsandsciences/music/suzuki)

# SIUE STRING DEVELOPMENT CAMP 2019

## Dunham Hall, SIUE

Mikaila Seo: Camp Director; Vera McCoy-Sulentic: Co-Director

Monday - Friday, July 15-19, 2019 8:30 am-4:30 pm

Free Final Concert on Friday, July 19 at 3 pm, Dunham Hall, Room 1115

Further information: Contact [vmccoys@siue.edu](mailto:vmccoys@siue.edu), Phone: 618-650-2839,

Fax: 618-650-5988, [www.siue.edu/artsandsciences/music/suzuki](http://www.siue.edu/artsandsciences/music/suzuki)

### CAMP DETAILS

- Fees:** Make checks payable to **SIUE String Camp**. Online payment is available through our website link (see below).  
No refunds given after May 1<sup>st</sup>, 2019.  
*Save \$10 if your registration is postmarked by April 30<sup>th</sup>*  
Registration closes on May 31<sup>st</sup>, 2019.  
\*Please note: According to the selection of camp electives, there may be an additional \$10 elective fee, due the first day of camp.
- Required materials for registration:
  - Registration form (filled out completely)
  - Video playing sample: a short video of student playing their current polished piece. Submitted via YouTube link or USB drive. (If USB drive is used, it will not be returned)
  - Health consent form
  - Liability waiver form (MUST HAVE A WITNESS SIGNATURE)
  - Tuition check or online payment through credit card payment link at <http://www.siue.edu/artsandsciences/music/suzuki/>
- Mail all required materials to:  
SIUE Suzuki String Program  
Mikaila Seo  
Box 1771 SIUE  
Edwardsville, IL 62026
- Lunch:** Bring your own lunch or buy it in the SIUE Morris Center Food Court
- Parking:** Camper drop off will be at the Dunham Hall loading dock by Lot E. If parents would like to park and come in to observe any activities, you will park in Permit Lot E, or in Pay Lot B. You MUST provide all requested information about your car before we can order a Lot E parking permit for you. *The Suzuki program is not responsible for passes that are not available on time due to incomplete information.*
- Supplies:**
  - Bring music stand every day.
  - Lunch, if you aren't buying it in the SIUE Morris Center Food Court
  - Instrument, bow, shoulder rest (violin and viola), rosin, and rock stop for cellos
  - Music for ensembles (please put all music in a three ring binder with your name on it)
  - Solo music for lessons
  - Backpack (with your name on it) to hold all belongings in
  - Water bottles (with your name on it) to stay hydrated!
  - Umbrella for rainy days (walking to electives/the Morris Center for lunch)
  - Coat/sweater—just in case the A/C is too cold ☺
- Repertoire:** Orchestra and chamber music repertoire assignments will be emailed to all students by June 15<sup>th</sup>, 2019. Music must be learned in its entirety by the first day of camp. There will be assigned practice sections that students will have to video and send in prior to camp for seating placement. These recordings will be assigned when the music is emailed out 6/15.
- Email:** Communication will be mainly by email. Make sure you list a valid email address.
- Weather:** In case of Bad Weather: Check [www.siue.edu](http://www.siue.edu), KMOX Radio, or TV to see if SIUE has classes.
- SIUE maps:** [www.siue.edu/maps](http://www.siue.edu/maps)
- Scholarships:** There is a small amount of scholarship aid available. Request a scholarship application form.
- Questions?** Call: Vera McCoy-Sulentic; 618-650-2839, or email: [vmccoys@siue.edu](mailto:vmccoys@siue.edu)



# SIUE STRING DEVELOPMENT CAMP 2019 REGISTRATION FORM

Mail to: SIUE Suzuki String Program  
Box 1771, SIUE, Edwardsville, IL 62026  
Questions: Call Vera McCoy-Sulentic: 618-650-2839  
or email: [vmccoys@siue.edu](mailto:vmccoys@siue.edu)

PLEASE PRINT

Name of student \_\_\_\_\_ Age \_\_\_\_\_ Instrument \_\_\_\_\_

Grade entering in September 2019 \_\_\_\_\_ String Teacher's name \_\_\_\_\_  
*We will thank your teacher for encouraging you to come!*

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent or Responsible Adult, if not parent \_\_\_\_\_

**Indicate music reading level:**

- Early/Intermediate reader (can read all pitches on instrument and basic rhythm patterns)  
The orchestra music will be in D Major and G Major.
- Advanced reader (late intermediate reader and up--can read in all key signatures,  
read rhythm solidly, has participated in orchestra, Suzuki Bk 4 level.)
- Name of orchestra student participated in this year: \_\_\_\_\_

**Suzuki Students:** Current Suzuki piece \_\_\_\_\_ Book \_\_\_\_\_

**Traditional Students:** Current method book \_\_\_\_\_ Years of study completed \_\_\_\_\_  
School \_\_\_\_\_ String Teacher \_\_\_\_\_

**Fees:** Make checks payable to SIUE String Camp or make **online payment** through credit card payment link at <http://www.siue.edu/artsandsciences/music/suzuki/>. **No refunds given after May 1<sup>st</sup>, 2019.**

**Mail** 1) registration, 2) video playing sample (can be mailed (USB drive- will not be returned), or can be emailed to [vmccoys@siue.edu](mailto:vmccoys@siue.edu) (YouTube link)) 3) required health consent form, 4) required liability waiver form, and 5) tuition check (or online payment at above link) to: SIUE Suzuki String Program, Mikaila Seo, Box 1771, SIUE, Edwardsville, IL 62026

Check where applicable:

- Student registration (includes non-refund. \$15 fee) **if postmarked by April 30th**.....\$300
- Student registration (includes non-refund. \$15 fee) **if postmarked May 1st-May 31st**.....\$310
- Summer Camp T-shirt size (circle one):           YS YM YL           AS AM AL AXL.....included
- Parking Permit (for Lot E, behind Dunham Hall) (Monday- Friday, July 15-19).....\$10

**Parking Permit Information (*we cannot order a permit without this information*):**

Name of Parent \_\_\_\_\_  
Make of Car \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_  
License Plate # \_\_\_\_\_

(Payable to SIUE String Camp) **TOTAL \$** \_\_\_\_\_  
\_\_\_\_\_ **Date of online payment**

# INCLUDE THIS FORM WITH YOUR REGISTRATION!!!



## SUMMER ACTIVITIES FOR YOUTH HEALTH INFORMATION AND CONSENT FORM

To be completed by the participant's PARENTS. Please return with camp application.

1. Camp or Program \_\_\_\_\_ Dates \_\_\_\_\_
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) \_\_\_\_\_  
(place) (street or route)  
\_\_\_\_\_  
(city or town) (state) (zip) (phone)  
Father (or Guardian) \_\_\_\_\_  
(place) (street or route)  
\_\_\_\_\_  
(city or town) (state) (zip) (phone)
6. Please list a close 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 \_\_\_\_\_  
\_\_\_ Diseases \_\_\_\_\_  
\_\_\_ Allergies \_\_\_\_\_  
\_\_\_ Activity restriction \_\_\_\_\_  
\_\_\_ Necessary regular medications \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_
8. Physician to be contacted in case of emergency:  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above.

\_\_\_\_\_  
(Signature of parent or guardian) (date)

### Consent of Treatment

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for

\_\_\_\_\_, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature \_\_\_\_\_  
(Parent or Guardian, if patient is under 18 years of age)

Telephone \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Distribution: Program Director / Program Staff

**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 SIUE Summer String Camp, hereinafter "Activity", sponsored and administered by Southern Illinois University Edwardsville's Music Department, 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 \_\_\_\_\_, 2019.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Witness  
(Must be 18 years or older)

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_