



Performance Information Strings

Student's name

Current Grade (as of May '19)

Instrument

School Name

School String/Orchestra Director

Years in Orchestra

Private Music Teacher

Years of Study

Private Music Teacher E-mail

List any solo ratings (NYSSMA or other) and level of music performed (if applicable):

List groups you have played with, such as All-State, All-County, All-City, select ensembles, etc.:

List your most recent method books, etudes and other study materials:

List your most recent contest solo(s):

Feel free to include any other information you feel is pertinent:



Festival Regulations

The **well-being and safety** of students requires that the following rules and regulations be observed. These regulations apply not only to minors, but also to students who are eighteen years of age or older. Parents will be notified of infractions of these rules and serious violations may result in immediate dismissal from the program. In such cases, fees cannot be refunded.

- Attendance at all classes, recitals and required events is mandatory for all students. No one will be excused from a scheduled activity unless advance written permission is received and approved.
- All students are to remain for the full length of the program.
- Students must respect the personal property of other students, The State University of New York at Fredonia, and the community, and adhere to all campus regulations.
- No cars or motorbikes are allowed. Students **may not** drive or ride in a privately owned vehicle without specific prior written request from the parent (approved by the Festival administration) stating the nature of the trip, destinations, expected time of return, and with whom the trip is to be taken. No general permission is acceptable. Exceptions to this rule are commuters, who are allowed to ride to and from campus or other Festival activities. If it is essential that they drive themselves, specific arrangements must be approved by the Festival administration. However, under no circumstances are they to allow other students to ride with them as passengers, except under the expressed conditions stated above.
- Members of the Festival, on or off campus, may not use controlled substances (alcohol, non-prescription drugs, marijuana, etc.). Smoking is not permitted in campus buildings and all campus smoking regulations will be strictly observed.
- Students must be on their floor by 10:45 p.m. and in their rooms with *lights out* at 11:00 p.m. Quiet hours are 11:00 p.m. to 7:30 a.m. and all students will cooperate with the counselors to maintain quiet during these hours.
- Inter-room and inter-floor visitation between male and female students will not be permitted.
- No animals or pets of any nature are allowed.
- Cooking is not allowed.
- Visitors, with the exception of parents or guardians, will not be allowed without permission of the Festival Director. At no time can visitors be accommodated in dormitories.
- Students will be issued Meal/ID cards that must be carried at all times and be used for identification at meals. A charge of \$10.00 will be made for the replacement of a lost card and \$20.00 for the replacement of a key.

In case of emergency, notify University Police in Gregory Hall (716-673-3333).

By signing below, I indicate that I have read and understand the rules and regulations for the Fredonia School of Music Summer Music Festival. In the event that these rules are not followed, I understand that I will be asked to leave the camp and that my deposit, tuition, room and board will not be refunded.

Student signature

Date

Parent/Guardian signature

Date



Parent/Guardian Release Health History & Emergency Information

(Please print clearly!)

Student's Name _____ Age: ____ Home Phone:

Address:

City/State/Zip:

Gender: M F Date of Birth:

PERSONAL MEDICAL HISTORY: Has the applicant had any of the following? Please check all that are applicable*

- | | | | | |
|------------------------------------------|------------------------------------------|-----------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Asthma * | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Emotional Disorders * | <input type="checkbox"/> Other-If there is anything
else we should know about
his/her health please explain
on a separate sheet & attach |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Psychiatric Care * | |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Malignancy | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hives | <input type="checkbox"/> Tonsillitis | |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Operations | |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Diabetes * | <input type="checkbox"/> Anemia | | |

* If the student has any serious or ongoing medical problems, please attach a note explaining your special situation.

Any current restrictions on activity?

Does the student need any special consideration on the advice of a physician? Yes No

Does he/she need any special consideration on the advice of a psychiatrist, psychologist, or mental health therapist?
 Yes No

(If the answer is yes to either of the previous questions, a letter from the student's physician or counselor/therapist should be attached or sent separately to the Summer Music Festival Administrator. Such information will be considered confidential and privileged.)

IMMUNIZATION RECORDS (must have latest dates):

Please attach a copy of an up-to-date immunization card:

Allergies: Any allergies? Yes No If yes, what is applicant allergic to? (attach a separate sheet if necessary)

MEDICATIONS:

Is student taking medication(s)? Yes No. If yes, what medication(s)?

EMERGENCY INFORMATION:

Parents’/Guardian’s Name(s) _____ Daytime/work Phone: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Please list an additional person to contact in case of an emergency if the parent or guardian cannot be reached:

Name: _____ Daytime Phone: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Student’s Physician (*primary care provider*): _____ Phone: _____

HEALTH INSURANCE INFORMATION (please enclose a photo copy of your insurance card):

Name of person listed as primary insured on the insurance card: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Phone: _____

Are there any special precautions that must be considered in treating the participant in the case of an emergency (allergies, diabetes, contact lenses, etc.)? Yes No If yes, please explain:

If there is anything in your religious beliefs that should be given consideration in the treatment of the student's health or in case of an emergency, please enclose a note of explanation.

Any dietary needs (vegetarian, lactose-intolerant, food allergies, etc.)? Yes No If yes, please explain:

PERMISSION FOR MEDICAL TREATMENT AND PARENT/GUARDIAN RELEASE

I, the undersigned as the parent/guardian of my son/daughter, _____, a minor, request that he/she be admitted to participate in the Fredonia School of Music Summer Music Festival. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the camp staff and The State University of New York at Fredonia from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising from the minor’s attendance at the camp, or in the course of completion and/or activities held in connection with the camp.

I verify that _____ has medical insurance, detailed above, and is physically able to participate in the Summer Music Festival. I hereby authorize the director of the camp to act on my behalf according to their best judgment in any emergency requiring medical attention, or in any routine medical care of an injury/accident. I, the registrant parent or guardian, will assume the responsibility for any emergency or medical service that may be required during the course of the camp.

Parent/Guardian signature

Date