

UNIVERSITY OF WISCONSIN
WHITEWATER

June, 2011

Dear Flute Camper:

Welcome to our 29th Annual High School Flute Camp. A particular warm welcome to all of you who are returning for your second, third and even fourth year at Whitewater. Registration will be held from 12:00 until 12:30 p.m. on Sunday, July 10, in Benson Hall (see enclosed campus map). Commuter campers are to register at this time also. If you plan to leave your car here during the week, you will need to purchase a parking permit (\$5.00) so you do not get a ticket. Late arrivals should report to Goodhue Hall (see enclosed map). If you are a late arrival, please call 262/472-3165 to inform them. Please be sure you have had lunch before your arrival.

At 12:45 p.m. we will have a camp meeting in the Recital Hall, Center of the Arts. At this meeting we will introduce the camp staff to you, go over the camp rules, and go over your individual camp schedule. We will use this time to correct any mistakes in your schedule and make sure that you are enrolled in the classes you have requested. There will be a brief audition for placement in flute quartets at 1:30. This will be followed by my solo recital. After the Recital, there will also be a campus tour followed by a pizza dinner in the Atrium of the Center of the Arts. In the evening you will have 15-minute lessons with your private instructors for the week.

The whole camp staff wishes for you to have a fun week and to learn a lot. Be sure that you bring all of the SOLO MUSIC you wish to study during the week. Also, remember all piano accompaniments. The teachers will collect your piano accompaniments at Sunday night's lesson to give to accompanists. If you are planning to be in piccolo class, be sure to bring your instrument or one your high school has loaned you. Unfortunately we can't provide piccolos to campers for piccolo classes. You should also have your swimsuit and any other recreational equipment that you may need for your week in Whitewater.

Since we will be attending the Concert on the Square event on Wednesday evening, please complete and sign the enclosed Risk Agreement form and bring it with you to camp.

The staff recital will be Thursday evening at 7:30. The flute campers' solo and ensembles recital is on Friday morning beginning at 8:00. The entire camp will play a flute choir piece as a grand finale. Camp will be dismissed after this recital. We estimate finishing by 12:00 p.m.

The camp staff and I are looking forward to meeting you on Sunday, July 10, for the Flute Camp.

Sincerely,

Dr. Robin B. Fellows
UW-Whitewater Flute Camp



Enc.

CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uw.edu

UW-WHITewater FLUTE CAMP RULES AND REGULATIONS

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. *There will be no refund of fees for violation of this policy.*
2. All campers are confined to the *University campus proper*; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you *only while you are on campus and for camp-related accidents*. If you are a commuter, this insurance will *not* cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; *the University and the camp are not responsible for lost items*. **KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM KEYS WITH OTHERS.**
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.
9. Daily instruction will begin at 8:00 a.m. and 1:00 p.m. Campers and staff will go to breakfast at Esker Dining Hall between 7:00 and 8:00 a.m.

UW-WHITEWATER FLUTE CAMP

What to Bring to Camp

FOR REGISTRATION

Health History Questionnaire/Consent Form

Balance of Payment

Risk Agreement Form

Linens/sleeping bag

Pillow and pillow case

Towels

Toilet articles

Shower shoes

Casual clothes

Dress-up clothes for Thursday night banquet and Friday recital (may want to bring two dress outfits)

Underwear

Jacket/Sweater

Socks

Pajamas

Shoes

Swimsuit

Recreational equipment (tennis racket, etc.)

Portable music stand

Flute and Piccolo (if you are registered for Piccolo class)

Music - Bring all the music you have selected, including accompaniments.

Classes will be assigned on Sunday.

Other equipment you use in practicing, such as a tuner or metronome

Fan (recommended)

Clock radio (optional)

Cooler (No refrigerators in room)

Should your parents need to call you at camp, they may call these numbers:

- | | |
|--------------|--|
| 262-472-3165 | Continuing Education/Camp Office - 7 am to 4:30 pm |
| 472-2033 | Benson Hall Staff Room - 4:30 pm to 7 am (If no one answers, leave a message on the answering machine and the call will be returned by a camp staff member.) |
| 262-472-4200 | Emergency Phone Number |

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the University of Wisconsin – Whitewater Flute Camp field trip to Madison, WI on Wednesday, July 13.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT:

ERNEST STRACENER, OF THE UW-WHITEWATER, RISK MANAGEMENT & SAFETY OFFICE, AT TELEPHONE NUMBER: (262) 472-5723.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the University of Wisconsin – Whitewater Flute Camp field trip to Madison, WI. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

*If your son, daughter or ward will be under 18 while participating in the University of Wisconsin – Whitewater Flute Camp field trip to Madison, WI, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness. _____
 Name _____ Relationship _____ Phone _____
 Name of Physician _____ Phone _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)
 Dose 1 - Immunization at 12 months _____ / _____ / _____
 Dose 2 _____ / _____ / _____
 Tetanus-Diphtheria
 Year of initial series _____ / _____ / _____
 Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No
 Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes
 If YES, complete the consent for medical administration _____

Does participant have allergic reaction to: (check box if YES)

- () Penicillin
- () Other Antibiotics
- () Other Medicines (type) _____
- () Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies
- () Asthma
- () Bleeding Disorder
- () Cancer
- () Colitis
- () Diabetes
- () Epilepsy/Seizures/Blackouts
- () Heart Disease
- () Hernia
- () Other _____
- () High Blood Pressure
- () Joint Injury/Surgery
- () Kidney Disease
- () Menstrual Difficulties
- () Mental/Emotional Problems
- () Neck/Back Pain/ Injury
- () Rheumatic Fever
- () Tuberculosis
- () Ulcer

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

_____ No medication has been brought to camp.
 _____ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____
 _____ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

_____ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

_____ No medication has been brought to camp.
 _____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____
 _____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____
 Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____
 Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

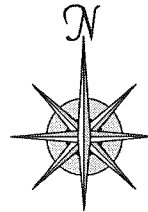
22
LAWSON LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM/
ATHLETIC
BUILDING

STUDENT
ATHLETIC
COMPLEX



UW-WHITWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

PICNIC
AREA

24
STADIUM LOT

18
ESKER LOT

19
TUTT-WELLERS LOT

11
WILLIAMS
CENTER
LOT

INTRAMURAL
FIELDS

RUGBY FIELD

DAVID L. KACHELJUK
FIELDHOUSE
WILLIAMS
CENTER

ESKER
DINING HALL

TUTT HALL
WELLERS HALL

WELLS RESIDENCE
HALL

KNILANS
HALL

POWER
PLANT

17
FISCHER
LOT

CALVARY
CEMETARY

8
BIGELOW LOT

TENNIS
COURTS

9
WARHAWK DRIVE
LOT

BIGELOW
LEE
CLEM
FRICKER
DRUMLEY
DINING HALL
AREY
BENSON

7
STARIN ROAD LOT

VISITOR CENTER

GODDUE

CAMPUS
MINISTRY

15
HC LOT
HEALTH
CENTER

STARIN PARK

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE
LOT

UPHAM HALL

LOT 3

CARLSON HALL

MCCITCHAN

ROSEMAN

WINTHER HALL

FENCE STREET

W FLORENCE STREET

2
CARLSON LOT

LITTLE RED
SCHOOLHOUSE

LOG
CABIN

OBSERVATORY

UNIVERSITY CENTER

HEIDE HALL

RYAN YOUNG
AUDITORIUM
GREENHALL
CENTER OF THE
ARTS

ALUMNI
CENTER

HYER HALL

12
LIBRARY
LOT

McGRAW HALL

ANDERSEN
LIBRARY

N. TRAIL STREET

N. PRINCE STREET

CHOPP
ARBORETUM

SALISBURY
ARBORETUM

N. PRAIRIE ST.

N. EASTERLY ST.

US HWY 12

W MAIN STREET



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.

