



July, 2011

Dear Percussion Camper,

Hello! I am delighted that you will be joining us for this year's Percussion Camp 2011 on the UW-Whitewater campus! Registration will be from 4:30 p.m. to 6:00 p.m. on Sunday, July 31, 2011 in **Arey Hall**. ALL REMAINING FEES WILL BE PAID AT THIS TIME. The Health History Questionnaire/Consent Form is to be turned in also. You will not be permitted to participate in the camp without this form. At this time you will also receive your meal card, room assignment, and I.D. badge. Your I.D. badge is to be worn at ALL times, DO NOT lose them! You may move into your room after you check-in. *Please remember* dinner is ON YOUR OWN after check-in on Sunday.

Campers staying on campus will need to bring the following: sheets, blanket, pillow, towels, toiletries, swimsuit, alarm clock, and a fan if desired as rooms are **NOT** air-conditioned.

Remember to also bring any and all sticks or mallets to camp as you will likely need them. You are also encouraged to bring a practice pad on a stand.

Should you require medical attention while you are at camp, an assessment will be made by the camp health supervisor, and appropriate measures will be taken. UW-Whitewater camps have the full cooperation of Fort Atkinson Memorial Hospital and emergency room personnel.

Insurance coverage is included in your registration fee and will cover 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 and from camp. Camp insurance does not cover pre-existing injuries.

Important phone numbers:

Summer Camp Office:	(262) 472-3165 – 7:00 a.m. to 4:30 p.m.
Camp Staff Room (Arey):	(262) 472-2290 - (If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
Emergency Phone Number:	(262) 472-4200
Percussion Studio:	(262) 472-5703
Camp Director Cell:	(920) 342-0052

Check-out will be on Friday, August 5, 2011 from 1:00 p.m. to 2:00 p.m. in **Arey Hall**. Parents are encouraged to load their child's belongings at that time. If that is not possible, arrangements have been made to store camper's luggage in the Center for the Arts. The final concert for the week starts at 3:00 PM.

If you have any further questions, please do not hesitate to call me at (262) 472-5703 or Continuing Education Services at (262) 472-3165. I look forward to working with you soon!

Sincerely,

Tobie L. Wilkinson, Director
Percussion Camp 2011



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

PERCUSSION 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 dismissed will not receive any refund of camp fees.

1. 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.
2. 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.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. All activities will cease at 10:30 p.m. The doors of the residence hall will be locked at this time. Lights out and bed check will be conducted by camp staff at 11:00 p.m.
5. 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 COMBINATION OR KEYS WITH OTHERS.**
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. 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 for a fee to the camper.
8. Shirt and shoes must be worn at all times. Hats are to be off while in class or rehearsal.
9. Camper identification badge is to be worn at **all times**.
10. Residence hall students are not permitted to ride or drive in automobiles while camp is in session. Residence hall students will turn in car keys at registration. They will be returned at check-out. You must notify the camp director if you will be having a car at camp so that it does not get ticketed.
11. 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.
12. There will be no hazing, taunting, or teasing of other campers or guests on campus. Violators will be sent home immediately.
13. Rules of deportment will simply be that girls and boys will behave as ladies and gentlemen, and follow the day to day schedule. Students are required to attend every class and rehearsal for which they are scheduled.

2011 PERCUSSION CAMP

DAILY SCHEDULE

(SUBJECT TO CHANGE)

MONDAY - WEDNESDAY

7:30 – 8:30AM	Breakfast
8:45 – 9:35AM	Red w/ Tobie Gold w/ Don Purple w/ Trevor
9:40 – 10:30	Purple w/ Tobie Red w/ Don Gold w/ Trevor
10:35 – 11:25	Gold w/ Tobie Purple w/ Don Red w/ Trevor
11:30 – 1:00PM	LUNCH
1:00 – 2:40PM	<i>Minuano, Blue Rhythm, Lang ONE (others practice)</i>
2:50 – 4:30PM	<i>Lang 2, Mau mau Suite, Oriental Mambo (others practice)</i>
4:30 – 6:00PM	DINNER
6:00 – 7:15PM	Keyboard Ensemble 1
7:15 – 8:30PM	Keyboard Ensemble 2
9:00 – 10:30PM	Free Time (Swimming/Rec. Center/Residence Hall)
11:00PM	Lights Out

THURSDAY

7:30 – 8:30AM	Breakfast
8:45 – 10:25AM	Master Class w/Derek
10:30 – 11:30AM	<i>Minuano, Blue Rhythm, Lang ONE (others practice)</i>
11:30 – 1:00PM	LUNCH
1:30 – 2:30PM	<i>Lang 2, Mau mau Suite, Oriental Mambo (others practice)</i>
2:35 – 4:30PM	Master Class w/Derek
4:30 – 6:00PM	DINNER
6:00 – 7:15PM	Keyboard Ensemble 1/Master Class w/Don
7:15 – 8:30PM	Keyboard Ensemble 2/Master Class w/Don
9:00 – 10:30PM	Free Time
11:00PM	Lights Out

FRIDAY

7:30 – 8:30AM	Breakfast
9:00 – 11:30AM	Percussion Ensemble Rehearsal/Run-through in Light Recital Hall
11:30 – 1:00PM	LUNCH
1:00 – 2:30PM	Check out from Benson Hall
3:00 PM	Percussion Ensemble Performance in the Light Recital Hall (Students belongings will be held in Room 1005 in the Center of the Arts until after the concert. Parents may load up luggage etc. before or after the concert)

Percussion Camp Audition Music

- Play each excerpt to the best of your ability!
- We will provide instruments for your audition.
- Play the excerpts at a comfortable tempo!

MALLET KEYBOARD



SNARE DRUM



HEALTH HISTORY QUESTIONNAIRE

Participant

Name _____ Camp/Event _____ Camp Dates _____

Home Address _____ City _____ State _____ Zip _____

Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____

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

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

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 stings, 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 _____

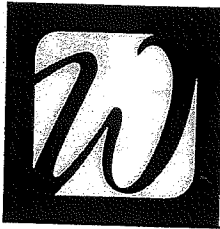
Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

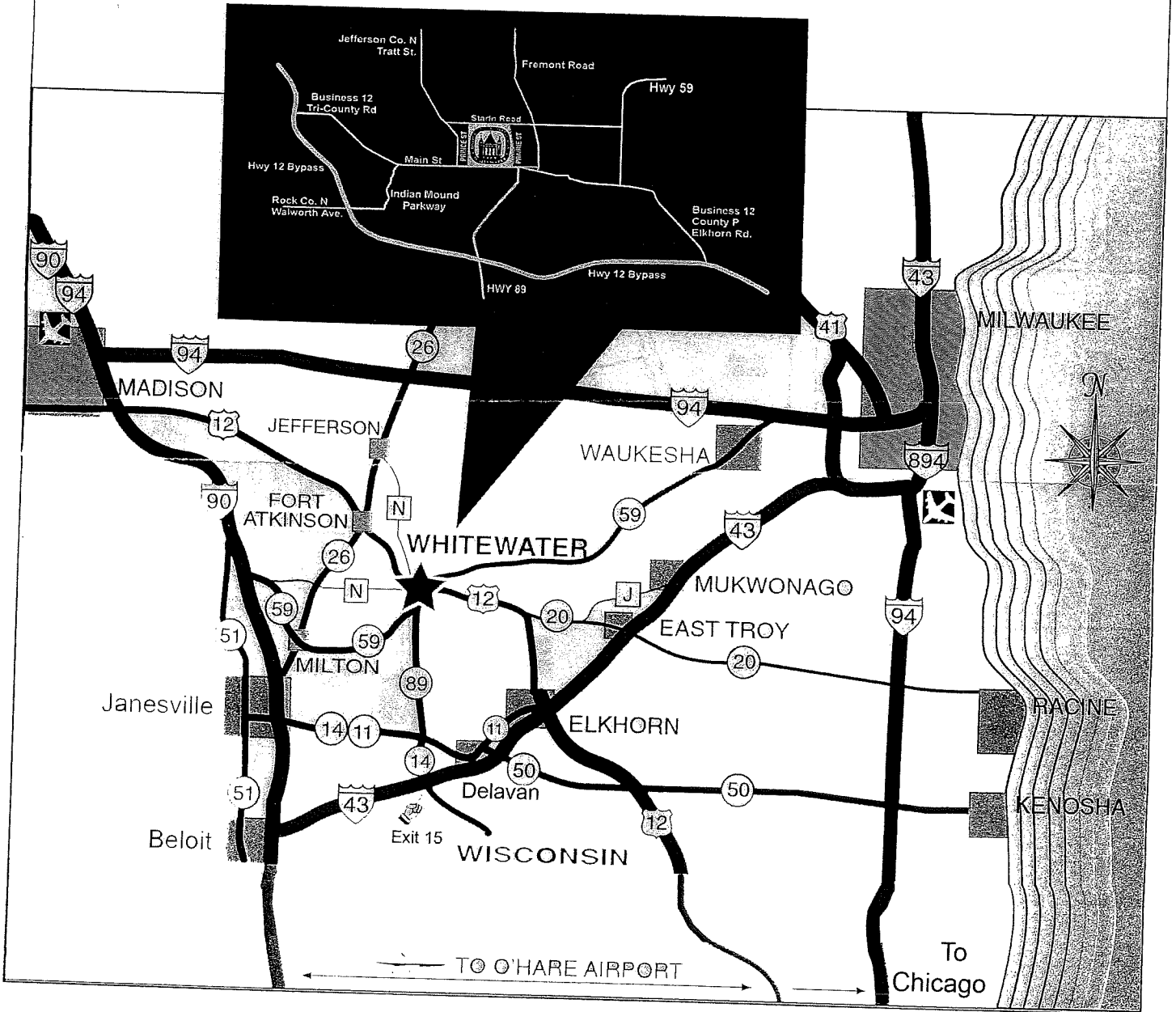
Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.



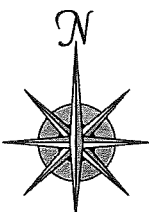
22
LANICON LOT

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

PERKINS STADIUM

STADIUM/ATHLETIC BUILDING

STUDENT ATHLETIC CENTER



UW-WHITWATER NATURE PRESERVE, TRAILS & RECREATION AREA

PICNIC AREA

24
STADIUM LOT

SCHWAGER DR

18
ESKER LOT

19
TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

DAVID L. KACHELDOLK FIELDHOUSE
WILLIAMS CENTER

11
WILLIAMS CENTER LOT

ESKER DINING HALL
POWER PLANT

TUTT HALL
WELLERS HALL
KNILANS HALL
WELLS RESIDENCE HALL

8
BIGELOW LOT

TENNIS COURTS

9
WARHAWK DRIVE LOT

CALVARY CEMETARY

17
FISCHER LOT

LOT 4

STARIN PARK

BIGELOW
LEE
CLEM
FRICKER
DRUMLIN DINING HALL
AREY
BENSON

7
STARIN ROAD LOT
VISITOR CENTER

GODDARD
MORRIS BOOK STORE

15
HC LOT
HEALTH CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE LOT
UPHAM HALL

LOT 3

CARLSON HALL

MCCLUTCHAN

ROSEMAN

WINTHER HALL

RENCE STREET

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

W. FLORENCE STREET

2
CARLSON LOT

OBSERVATORY

MCGRAW HALL

12
LIBRARY LOT

N. TRANT STREET

UNIVERSITY LOT

N. PRINCE STREET

IRVING YOUNG AUDITORIUM
GREENHILL CENTER OF THE ARTS

ALUMNI CENTER

HYER HALL

WYMAN MALL

ANDERSEN LIBRARY

N. PRAIRIE ST.

N. ESTERY ST.

US HWY 12

W. MAIN STREET