



June, 2011

Dear Solo Voice Camper:

A warm welcome to our Solo Voice Camp at UW-Whitewater! Registration will be held from Noon until 2:00 p.m. on Sunday, July 31, in Arey 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 \$5.00 parking permit so you do not get a ticket. Late arrivals should report to Goodhue Hall; please 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 2:00 p.m. we will have a camp meeting in Room CA30 in the 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. This will be followed by a brief audition for the staff. Please bring one piece to sing for the staff so that we can assign you to the appropriate teacher for the week. We would prefer that your piece be memorized, but if not, bring another copy so that you and your pianist will both have one. After the auditions, we will also conduct a brief campus tour on our way to dinner. In the evening we will have an ice-breaker recital so that all the campers can hear each other sing.

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 that you wish to study during the week. Also, please bring a copy of all piano accompaniments so we can distribute them to the pianists. The teachers will collect your piano accompaniments on Sunday night to give to accompanists. 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 an open rehearsal of the Ryan Opera Center of the Chicago Lyric Opera at Grant Park in Chicago on Tuesday evening, please complete and sign the enclosed Risk Agreement form and bring it with you to camp. Artists from this concert will also be conducting master classes with our students during camp.

Your recital dress rehearsal will be Thursday evening at 6:30. Your solo recital is on Friday morning beginning at 10:00 a.m. Camp will be dismissed after this recital. We estimate finishing by around 12:00 p.m. The camp staff and I are looking forward to meeting you on Sunday, July 31, for the Solo Voice Camp.

Sincerely,

Brian K. Leeper
Camp Director
UW-Whitewater Solo Voice Camp



Enclosures

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@uww.edu

UW-WHITEWATER SOLO VOICE 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.

10. Should you require medical attention, 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. Be sure to bring the enclosed Health History Questionnaire/Consent Form. You will not be allowed to participate in camp activities without this form.
11. Meals are scheduled for 7:00-8:00 a.m., 12:00-1:00 p.m., and 5:00-6:00 p.m. No arrangements are available for between meal snacks.
12. Instructional and recital activities will end around 9:00 p.m. You should return directly to the residence hall. Pizzas may be ordered in, but **YOU ARE RESPONSIBLE FOR CLEANING UP!** You should plan to have lights out by 11:00 p.m.
13. Loss of your food I.D. will cost \$1.00 for the first card and \$5.00 for the second card. Losses should be reported at the Food Service Checker Station in Esker Hall.
14. Do have fun, but not at the expense of the quality of your work, or at the expense of others. We want you to have an enjoyable camp and successful final performance.

UW-WHITEWATER SOLO VOICE 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

Casual clothes

Dress-up clothes for Tuesday Chicago trip **and** Friday recital (you may want to bring two dress outfits)

Underwear

Jacket/Sweater

Socks

Pajamas

Shoes

Swimsuit

Recreational equipment (tennis racket, etc.)

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

Classes will be assigned on Sunday.

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 |
| 472-2290 | Arey 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 Solo Voice Camp field trip to Chicago, IL on Tuesday, August 2, 2011.

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 Solo Voice Camp field trip to Chicago, IL. 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 Solo Voice Camp field trip to Chicago, IL, 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 _____ 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 _____
- () 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 _____

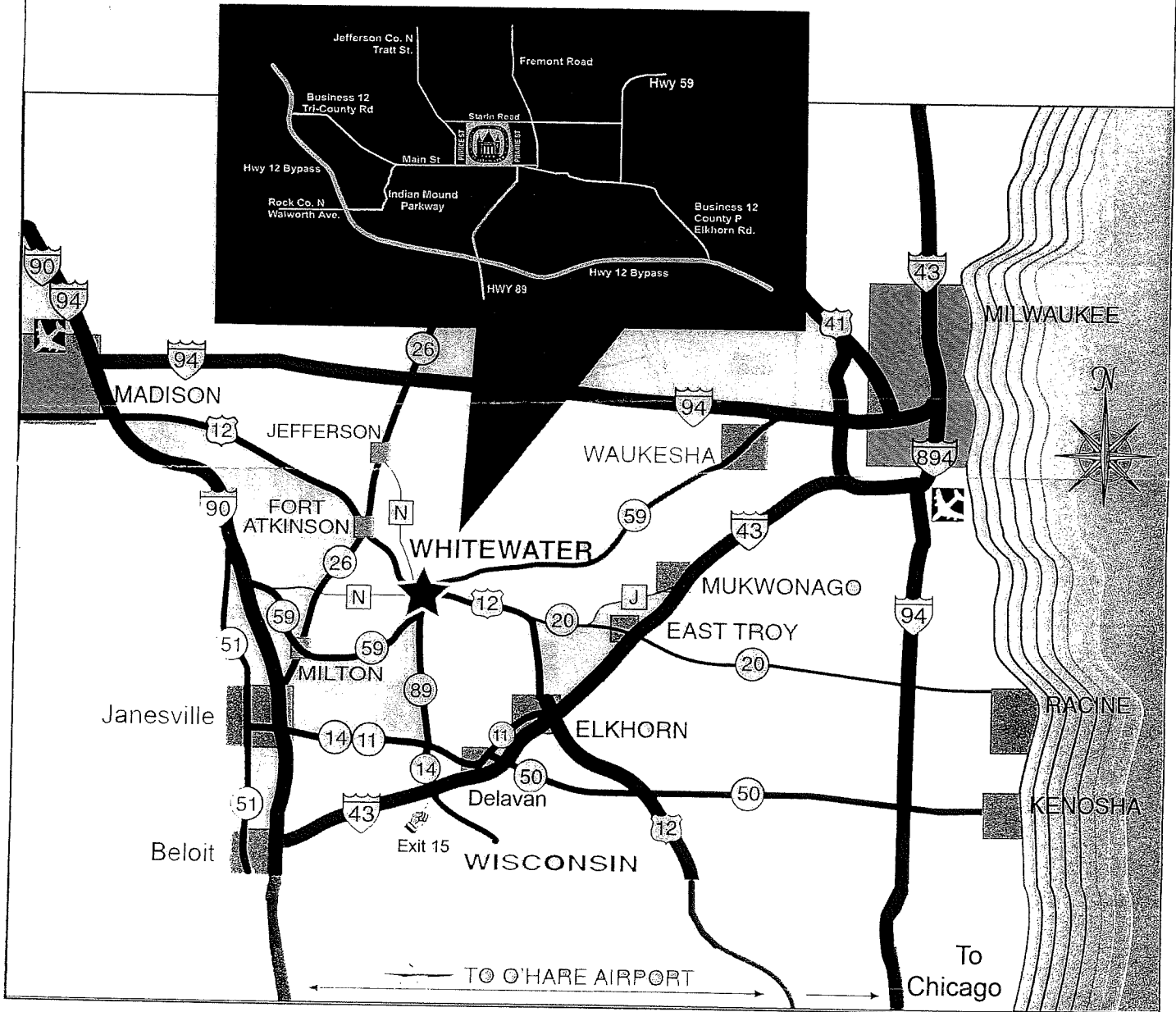
Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

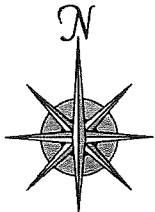
Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.





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

PICNIC AREA

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

24
STADIUM LOT

18
ESKER LOT

19
TUTT-WELLERS LOT

SCHWAGER DR.
INTRAMURAL FIELDS
RUGBY FIELD
DAVID L. KACHELDAK 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

BIGELOW
LEE
CLEM
FRICKER
DRUMLIV DINING HALL
AREY
BENSON

8
BIGELOW LOT

7
STARIN ROAD LOT

GODDUE
MORaine BOOK STORE

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

LOT 3

CARLSON HALL

MCCLUTCHAN

UPHAM HALL

ROSEMAN

WINTHER HALL

FENCE STREET

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

W. FLORENCE STREET

2
CARLSON LOT

OBSERVATORY

McGRAW HALL

12
LIBRARY LOT

N. TRATT STREET

N. PRINCE STREET

IRVING YOUNG AUDITORIUM
GREENHILL CENTER OF THE ARTS

ALUMNI CENTER

HYER HALL

ANDERSEN LIBRARY

N. PRAIRIE ST.

N. ESTERLY ST.

US HWY 12

W. MAIN STREET