

2009 IOWA SUMMER MUSIC CAMPS

STUDENT APPLICATION PACKET

June 7 - 13

BAND • ORCHESTRA

June 14 - 19

PIANO

TOTAL PERCUSSION

A YAMAHA Sounds of Summer Event

June 21 - 26

JAZZ

**APPLICATION
DEADLINE
Friday, May 1**



HEALTH SERVICES INFORMATION

For Summer Program Attendees and Their Parents

GENERAL INFORMATION

Campers attending any of the summer programs at The University of Iowa may at times require health care. Appropriate staff members are available in each program to assure students receive the proper medical attention whenever needed. Campers who need medical care should report to one of these staff members who will then facilitate the student being seen either by The University of Iowa Student Health Service or The University of Iowa Hospitals and Clinics. **The enclosed INSURANCE INFORMATION form must accompany the student's application forms.**

The University of Iowa Student Health Service is located in the Steindler Building on the west campus. Hours are 8:30 a.m. to 4:30 p.m. Monday through Friday and 9 a.m. to 12 noon on Saturdays. The Health Service is staffed with physicians and nurses dedicated to serving the special needs of the student population. When the Health Service is closed, campers may be taken to The University of Iowa Hospitals and Clinics Emergency Treatment Center.

The Student Health Service and/or the University Hospital will provide medical care for conditions which must be treated for the camper's continued participation in the program (conditions such as injuries and infectious diseases). If the condition warrants, the camper may be advised to leave the program and return home. The University will not provide care for conditions which warrant long-term treatment and follow-up or which can safely and more appropriately be treated after the student returns home.

In the event of serious illness, serious injury or hospitalization, parents/guardians will be notified immediately by program staff members or health care professionals. On rare occasions, psychological/psychiatric emergencies may occur. If so, parents will also be notified immediately and special permission to provide psychological/psychiatric counseling will be requested.

PERSONAL MEDICAL REQUESTS/SPECIAL NEEDS

All personal medical requests or special needs may be referred to the Hall Coordinator or one of the resident assistants and/or ISMC counselors.

IN CASE OF SERIOUS ILLNESS OR INJURY

In the event of serious illness or injury, program staff members or health care professionals from Student Health Services or University Hospital will notify the parents or guardian.

Automobile Policy

Resident campers are discouraged from having automobiles/motor vehicles at the Iowa Summer Music Camps. On the first day of camp, staff counselors will collect the car keys of all resident campers after the camper's car has been properly parked on campus. The keys will be returned on the last day of camp. A **temporary parking permit** for all vehicles, including those of **commuter campers**, must be **purchased in advance of the camp**, no later than **Friday, May 22**, in order to guarantee the availability of a parking space on campus. Iowa Summer Music Camps is not responsible for parking tickets issued to campers. The cost of the temporary parking permit is \$13 and should be included with the application fees.

B - TUITION AND FEES

WEEK 1 • June 7-13 Check one box only

BAND (woodwinds, brass, percussion)

ORCHESTRA (strings)

• **COST** Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$520.00
Room (six nights) and board; tuition

Line 1: Total fees-Week 1

WEEK 2 • June 14-19 Check one box only

TOTAL PERCUSSION

PIANO

• **COST** Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$490.00
Room (five nights) and board; tuition

Line 1: Total fees-Week 2

WEEK 3 • June 21-26

JAZZ

• **COST** Check one box only

COMMUTER COST \$190.00

RESIDENT COST \$490.00
Room (five nights) and board; tuition

Line 1: Total fees-Week 3

C - DEDUCTIONS - WEEK ONE ONLY

2007 or 2008 All-State Music Festival participant (Iowa or other state)-\$50*

String Scholarship - \$40* (see your orchestra director before you claim this deduction)

ORCHESTRA DIRECTOR'S SIGNATURE

2008 IMEA/ISTA Junior Honors Orchestra-\$40*

2009 IBA Middle School Honor Band-\$40*

Bassoon; Bass/Contrabass clarinet-\$40*

Oboe; Mallet/keyboard Percussion; Tuba-\$40*

Previous ISMC camper, (Week 1, 2 or 3) -\$40*

* Campers may not claim more than \$90 total in ISMC scholarships

Scholarship from other source:

Source Amount \$

Source: _____

Received _____

(Campers will be mailed a refund if the scholarship is sent directly to our office.)

Line 2: Total DEDUCTIONS (Total all deductions from Section C.)

Line 3: Amount Due (Line 1 - Line 2 = Line 3)

Line 4: Amount Enclosed (Add \$13 if a parking permit will be needed.)
Check Number _____

Line 5: Balance Due May 2 \$ (Subtract Line 4 from Line 3.)

Students who wish to stay in the Resident Halls between camps (June 13, or June 19-20) must notify us before the May 2 deadline. An additional cost of \$30/night (no meals) must be paid in advance of the camp.

D - ROOMMATE REQUEST

Both campers must make a mutual request!

Name of roommate _____

E - APPROVALS

ATTENDANCE IS REQUIRED AT ALL REHEARSALS, CLASSES (DAILY AND EVENING) AND ALL FINAL CONCERTS!

Applications must be received by **Friday, May 1**. If this application is accepted, I agree to abide by the rules and regulations of the Iowa Summer Music Camps.

_____ _____ _____
SIGNATURE OF STUDENT APPLICANT SIGNATURE OF PARENT OR GUARDIAN DATE

I recommend this student to you as a qualified applicant for the Iowa Summer Music Camps. _____
SIGNATURE OF SCHOOL MUSIC DIRECTOR

SWIM PERMIT

This certifies that _____ has our permission to swim in the Iowa City Municipal Pool during the 2009 Iowa Summer Music Camps. (Swimming in the Iowa River is not permitted.) Since the city pool is under the supervision of the City of Iowa City, The University of Iowa cannot assume responsibility for this activity. _____

SIGNATURE OF PARENT OR GUARDIAN

F - REGISTRATION INFORMATION

Please indicate your area(s) of interest.

WEEK ONE • JUNE 7 – 13

Everyone is required to sign up for a large ensemble (winds/percussion in Band; strings in Orchestra - see below) during Week One, and at least one Music Theory or Music Appreciation Course. Students will automatically be scheduled into sectionals and masterclasses. You may not carry more than 8 hours nor fewer than 6 hours except by special permission of the camp director. Your schedule will be arranged as nearly as possible according to your prioritized preferences. Some courses may meet in the early evening.

ENSEMBLES

Band (3 hrs.) Primary Instrument: _____
(Be specific: Alto sax; baritone TC or BC, etc.) **Required for wind and percussion players.**
Other instrument(s) you play: _____

Orchestra (3 hrs. for strings; 1 hr. for winds and percussion)
Instrument: _____
Required for string players. *Orchestra winds/percussion will be selected by audition on June 8.*

MUSIC THEORY/MUSIC APPRECIATION (PICK ONE: All campers are required to select at least **one** of these courses.) See inside back cover for course descriptions.

** *Prioritize your preferences* (1, 2, 3, etc.):

- Fundamentals of Musicianship I** (1 hr.; beginning)
- Fundamentals of Musicianship II** (1 hr.; intermediate)
- Fundamentals of Musicianship III** (1 hr.; advanced)
- Sight Singing and Aural Skills I** (1 hr.; beginning)
- Sight Singing and Aural Skills II** (1 hr.; intermediate)
- Forms and Ideas** (1 hr.; grades 11–13; enrollment limited)
- Music Appreciation** (1 hr.; grades 10–13; enrollment limited)



Music Director's Signature

I certify that this student has the background needed for the Music Theory/Music Appreciation courses selected above.

OTHER COURSE ELECTIVES

** *Prioritize your preferences* (1, 2, 3, etc.):

- Instrumental Conducting** (1 hr.)
- Beginning Class Piano** (1 hr.)
- Piano Masterclass** (three or more years of prior piano study; 1 hr.)
- Oboe Reed Making** (1 hr.)
- Bassoon Reed Making** (1 hr.)
- Music in Film** (1 hr.; grades 10–13)
- Creative Music Making/Soundpainting** (1 hr.; grades 10–13)
- Introduction to Electronic Music** (1 hr.; grades 10–13)
- Intro to Finale** music notation software (1 hr.)
- World Percussion for Non-Percussionists** (1 hr.)
-

WEEK TWO • JUNE 14 - 19 • TOTAL PERCUSSION

Percussion instrument(s) you play:

Snare Mallet Keyboards

Timpani Steel Pan

Others _____

Preferred marching instrument:

Snare Tenors Bass Cymbals

Mallet Keyboards Other _____

WEEK TWO • JUNE 14 - 19 • PIANO CAMP

Be sure to complete **Section G** - Musical Experience.

PIANO CURRICULUM: Students will be scheduled by ability level. Topics and activities include keyboard music theory, technique, small group lessons, piano literature and other special topics. Daily schedule will also include practice time.

WEEK THREE • JUNE 21 - 26 • JAZZ CAMP

Instrument: _____
(Be specific: Alto Sax, Electric Bass, etc.)

List any other instrument(s) you play:

JAZZ CURRICULUM Students are scheduled by instrument into the following course offerings:

- Small groups organized by ability level
- Instrumental Intensives (warm-ups, listening)
- Improvisation
- Jazz Theory and Composition
- Ear training
- Soundpainting

G - MUSICAL EXPERIENCE

* **ALL** students must complete this page and return it with their application

Name _____

School _____

SCHOOL NAME

CITY

STATE

Grade in school *next fall* (circle) 8 9 10 11 12 13

Instrument: _____

(Be specific: indicate *alto* saxophone, bass clarinet, treble or bass clef euphonium, etc.)

Current chair position in your band/orchestra Part _____ Chair _____

Chair position in All-State Band Year _____ Part _____ Chair _____

Chair position in All-State Orchestra Year _____ Part _____ Chair _____

Ratings in state-sponsored solo contest _____
year / rating year / rating year / rating

Piano Campers - list piano works you have performed and/or are currently studying:

Jazz Campers - chair position in your school jazz band Part _____ Chair _____

Have you studied privately? **Yes** If yes, number of years: _____ **No**

Name(s) of private instructors: _____

Etudes or method books used: _____

Solos/Composers studied: _____

Other accomplishments, honor ensembles, etc.: _____

**• Permission to Treat •
• Agreement to Assume Costs Related to Treatment •
• Authority to Disclose Medical Information
to Insurance Company for the Purpose of Claim •**

I hereby authorize and give my consent to the health authorities of The University of Iowa or any licensed health professional to perform upon or administer to _____ any reasonable treatment.

STUDENT NAME

In case of psychiatric and/or psychological emergencies involving psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I also give permission to administer whatever anesthetic may be necessary and advisable during medical or surgical procedures. This authorization is intended to include emergency treatment, immunizations, injections, and minor operations and procedures.

I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to The University of Iowa Health Service and/or The University of Iowa Hospitals and Clinics. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim.

This permission is good only while the student is attending the Iowa Summer Music Camps at The University of Iowa.

Release of Liability

In consideration of the Iowa Summer Music Camps of The University of Iowa granting the student permission to participate in the Iowa Summer Music Camps, I hereby assume all risks of his/her personal injury (including death) that may result from any Iowa Summer Music Camps activity. As parent or guardian I do hereby release the Iowa State Board of Regents, The University of Iowa, the Iowa Summer Music Camps and their officers, employees, and agents, and all instructors and all participants in said Iowa Summer Music Camps program from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from the student taking part in Iowa Summer Music Camps activities. *The release and treatment authorization must be signed by a parent or guardian. Students who are 18 years old or will become 18 years old before the end of the program also must sign.*

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name _____
(TYPE OR PRINT)

Address _____

City _____ State _____ Zip _____

Student's Signature _____

Address _____

City _____ State _____ Zip _____

Persons with disabilities who may require accommodations are asked to contact the Director of the Iowa Summer Music Camps.

SUMMER YOUTH PROGRAM
OPPORTUNITY AT IOWA SCHOLARSHIPS

A limited number of **Summer Youth Program - *Opportunity at Iowa Scholarships*** for qualified students will be awarded for the 2008 Iowa Summer Music Camps. The applicant must meet *all* of the criteria for these scholarships as listed below:

The student must be a citizen or a national of the United States or a permanent resident of the United States;

The student must be a resident of Iowa;

The student must be a United States minority student who is African American, Latin, American Indian, Alaska Native, or Southeast Asian American;

The student must be accepted to the summer youth program (Iowa Summer Music Camps);

The student must be entering the 8th–12th grade in the fall of 2009;

The student must demonstrate financial need;

The final awards of scholarship money will be made by Opportunity at Iowa.

To be eligible for an *Opportunity at Iowa* scholarship, please complete the application on the back of this page.

**2009 OPPORTUNITY AT IOWA SUMMER YOUTH SCHOLARSHIP
for United States Minority Students**

APPLICATION FORM

Applicant's Name: _____
FIRST MIDDLE LAST

Parent/Guardian: _____
FIRST MIDDLE LAST

Address: _____
STREET ADDRESS OR POST OFFICE BOX

_____ CITY STATE ZIPCODE

Telephone: |_|_|_| - |_|_|_| - |_|_|_| Birthdate: |_|_| - |_|_| - |1|9|_|_|

Soc. Sec. #: |_|_|_| - |_|_| - |_|_|_|_|_|

Year in school in the Fall of 2008: (Please circle) 8 9 10 11 12

Ethnicity:

- 01—Alaskan Native or American Indian (Tribal affiliation: _____)
- 02—African American/Black
- 03—Hispanic/Latino(a)
- 04—Asian or Pacific Islander

Yearly Income _____ Family Size _____

Did either of your parents attend college? _____ Yes _____ No

Other information you would like to provide concerning financial need:

Which summer program(s) do you wish to attend? Iowa Summer Music Camps (*circle*) **Week: One Two Three**

How much support are you requesting? _____ Tuition cost _____ Room/Board cost _____ Other amount: \$ _____

Important Notices

In order for your application to be processed, all forms must be signed and dated in the places indicated. The University of Iowa requests that we properly document our camp participants. Persons outside the University are not routinely provided this information. Responses to all items in the application materials are required in order for us to process your application. **There will be a \$25.00 cancellation fee charged after May 1, 2009. All campers fees and scholarships must be received by our office by Friday, May 1, 2009.**

Before you mail your application, did you...

- _____ Include your completed application?
- _____ Include your Course Registration and Experience Form?
- _____ Include your Health and Insurance Forms?
- _____ Include your Opportunity at Iowa form (if eligible)?
- _____ Get signatures on all the blanks marked with an ☒ ?
- _____ Include a check, payable to "The University of Iowa" for camp tuition and fees?

MAIL YOUR APPLICATION FORMS AND PAYMENTS TO:

**The University of Iowa
Iowa Summer Music Camps
179TAF
Iowa City, Iowa 52242-1795**

QUESTIONS? ADDITIONAL CONTACT INFORMATION:

**ISMIC Office/UI Band Office phone: 319-335-1635
Richard Mark Heidel, ISMC Director, E-mail: mark-heidel@uiowa.edu
Rita Schmidt, ISMC Secretary, E-mail: rita-schmidt@uiowa.edu
ISMIC Fax: 319-353-2555
ISMIC web site: <http://www.uiowa.edu/~bands/ISMIC/Welcome.html>**

Week ONE Course Descriptions

Music Theory/Music Appreciation (1 hr. each)

Fundamentals of Musicianship I: Key signatures, major scale construction, Circle of Fifths, and basic music notation. Level: Beginning

Fundamentals of Musicianship II: Scale degrees and intervals, minor scale construction. Level: Intermediate

Fundamentals of Musicianship III: Seventh chords, inversions of triads and seventh chords, pentatonic and octatonic scales. Level: Advanced

Sight-singing and Aural Skills I: Sight-singing and melodic/rhythmic dictation techniques. Simple melodies and rhythms. Highly recommended for vocalists. Level: Beginning

Sight-singing and Aural Skills II: Sight-singing and melodic/rhythmic dictation techniques. More complex melodies and rhythms. Highly recommended for vocalists. Level: Intermediate to Advanced

Forms and Ideas: An introduction to the formal structure of music. A basic background in theory is required. (Grades 11–13)

Music Appreciation: An historical survey of composers and stylistic periods in the music of the Western world. (Grades 10–13)

Elective Courses (1 hr. each)

Instrumental Conducting — Introduction to basic beat patterns and expressive gestures used in conducting an instrumental ensemble. No previous experience is required.

Double-Reed Making: Limited to oboe and bassoon students. Selection of cane; basic reed making techniques; adjustment of reeds.

Beginning Class Piano: Basic keyboard skills for beginning students. This class is intended for those students with no previous piano experience. Students are taught in a modern electronic class piano lab, and will be introduced to proper keyboard techniques. Limited enrollment.

Elective Courses (continued)

Piano Masterclass: Students who have three or more years of piano study will have the opportunity to perform for and be critiqued by members of the UI piano faculty in a masterclass setting. Students are expected to bring piano works they have recently studied.

Music in Film: This class will examine the purpose of music in film. Visual and aural examples will illustrate the various techniques used by film composers.

Creative Music Making/Soundpainting: The focus of the class will be on exploring new ways to create music, from the traditional to the contemporary. Topics will include musical free writing, composing, improvisation, and the soundpainting gestural language. (Grades 10–13)

Introduction to Electronic Music: This course explores the world of computerized digital sound in the University of Iowa Electronic Music Studios. Enrollment is limited. (Grades 10–13)

Introduction to *Finale*: *Finale* is the industry standard for music notation software. Students will learn the basic concepts of constructing and printing professional-looking music manuscripts. This course will be taught in the Macintosh Instructional Technology Center in Voxman Music Building. Please bring a new CD-R disk or flash drive if you wish to save your work at the end of the week. Enrollment is limited.

World Percussion for Non-Percussionists: A survey of hand drumming styles and playing techniques for non-percussion musicians. Each day will cover a different region of the world (West Africa, Cuba, the Caribbean, Brazil, Middle-East, etc.), focusing on the drums and basic playing techniques used to play them. (Percussionists are also welcome to sign-up!)

INSURANCE INFORMATION

The University of Iowa Student Health Service requires this information for the purpose of identifying third-party sources of payment and complying with their requirements for information on which their payments will be based. No information will be given out without the patient's consent. If you fail to provide the required information, the University of Iowa Student Health Service may not be able to submit these charges to your insurance carrier(s), and you will be held directly liable for the total cost of care.

BEFORE WE CAN PROCESS YOUR APPLICATION, ALL ITEMS ON THIS FORM MUST BE FULLY COMPLETED AND RETURNED TO THE ISMC OFFICE. The student's Social Security number will need to be provided at the time the student utilizes Student Health services during the Iowa Summer Music Camps.

The University of Iowa
Iowa Summer Music Camps
1064 Voxman Music Building
Iowa City, IA 52242
Phone: 319/335-1635

Student's Name _____
Student's Address _____
Student's Phone _____

Student's date of birth: _____

Please give the insurance company's name and COMPLETE address. If the plan is provided through the insured's place of employment, also give the employer's name and address.

Insurance Company _____
Address (street, city, state, zip) _____
Phone Number(s), if available _____
Student Plan? Yes No

Employer of Policyholder _____

Name of Policyholder _____ Relationship to Patient Self
Address: _____ Spouse
(street, city, state, zip) _____ Partner
Phone of Policyholder _____ Father
Birthdate of Policyholder _____
 Mother

Please list ALL policy numbers on the insurance card. (Please include Social Security Number, if possible).

Policy numbers _____
Group numbers _____
Policy Holder's Social Security Number _____

Do you have other health insurance? Yes No If yes, see back of page.

ASSIGNMENT OF INSURANCE BENEFITS (Both lines **must** be signed and dated.)

I, the undersigned, do hereby authorize and request the above-named insurance company to pay benefits that are applicable under the terms of my contract or policy with the said insurance company to Student Health Service for the physician's professional services.

Signature of Policyholder _____ Date _____

Patient should sign below for AUTHORIZATION TO DISCLOSE MEDICAL RECORDS TO THE INSURANCE COMPANY.

Signature of Patient _____ Date _____

YOUR PROMPT ACTION ON THIS MATTER WILL EXPEDITE THE SETTLEMENT OF YOUR CLAIM

Please complete information on back

SECONDARY HEALTH INSURANCE

Please give your insurance company's name and COMPLETE address. If your plan is provided through your place of work, also give your employer name and address.

Insurance Company _____
 Address _____
 Phone Number(s), if available _____
 Employer of Policyholder _____

Name of Policyholder	_____	Relationship to Patient
Address	_____	_____ Self
	_____	_____ Spouse
Phone of Policyholder	_____	_____ Father
Birthdate of Policyholder	_____	_____ Mother
		_____ Partner

Please list ALL policy numbers on the insurance card. (Please include Social Security Number, if possible).

Policy numbers _____
 Group numbers _____
 Policyholder Social Security # _____

ASSIGNMENT OF INSURANCE BENEFITS (Both lines **must** be signed and dated.)

I, the undersigned, do hereby authorize and request the above-named insurance company to pay benefits that are applicable under the terms of my contract or policy with the said insurance company to Student Health Service for the physician's professional services.

Signature of Policyholder _____ Date _____

Patient should sign below for AUTHORIZATION TO DISCLOSE MEDICAL RECORDS TO THE INSURANCE COMPANY.

Signature of Patient _____ Date _____



SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I specifically authorize the release of data and information relating to: (check the appropriate box)

- 1. Substance Abuse
 (alcohol/drug abuse)
- 2. Psychiatric Services
- 3. HIV-Related Information
 (AIDS related testing)

* _____
 Signature of Patient or Legal Guardian Date

*In order for the above information to be released, you must sign here *and* above and check the appropriate box(es).