College of Arts and Sciences
Department of Fine and Performing Arts
Music Division

TAMIU Summer Music Band Camp
STUDENT APPLICATION PACKET

Session A - July 2- 15, 2006
Session B - July 16 – 29, 2006

APPLICATION DEADLINE
Friday, June 9, 2006
HEALTH SERVICES INFORMATION
For Summer Program Attendees and Their Parents

GENERAL INFORMATION
Students attending any of the summer programs at Texas A&M International University may at times require health care. Appropriate staff members are available in each program to assure students receive the proper medical attention whenever needed. Students who need medical care should report to one of these staff members who will then facilitate the student being seen by the TAMIU Music Band Camp RN.

The Texas A&M International University Music Band Camp RN is also the Head Counselor and is located in the Residential Learning Center on the main campus. She will be on call 24/7 during the entire four week session. The Head Counselor/RN will be our first line of defense when it comes to medical situations. If the medical emergency requires a physician’s care, the student will be sent to TAMIU Music Camp Physician, our 24/7 physician.

The Head Counselor/RN will provide medical care for conditions which must be treated for the student’s continued participation in the program (conditions such as injuries and infectious diseases). If the condition warrants, the student may be advised to leave the program and return home. The TAMIU Music Band Camp 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 Head Counselor or one of the resident assistants and/or Music Band Camp counselors.

IN CASE OF SERIOUS ILLNESS OR INJURY
In the event of serious illness or injury, program staff members or health care professionals from the TAMIU Music band Camp will notify the parents or guardian.

Automobile Policy
Resident campers are discouraged from having automobiles/motor vehicles at the TAMIU Music Band Camp. On the first day of camp, staff counselors will collect the car keys of all resident campers after the student’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, June 9, 2006 in order to guarantee the availability of a parking space on campus. The TAMIU Music Band Camp is not responsible for parking tickets issued to campers. The cost of the temporary parking permit is $10.
Texas A&M International University
2006 Music Band Camp

APPLICATION

*Applications must be received by Friday, June 9*

Applications will be considered and accepted in order of receipt until it is deemed necessary to close sections.

Attendance is required at all rehearsals, classes and concerts.

A – PERSONAL INFORMATION

PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE BOTH SIDES OF APPLICATION.

Please give complete first name (i.e., no nicknames or shortened names). This is how your name will appear on the concert program.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FULL FIRST NAME</th>
<th>MIDDLE (Jr, III, Etc.)</th>
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<table>
<thead>
<tr>
<th>FIRST NAME YOU WOULD LIKE ON YOUR NAME TAG</th>
<th>ADDRESS 1</th>
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<thead>
<tr>
<th>ADDRESS 2</th>
<th>CITY</th>
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<table>
<thead>
<tr>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>SEX</th>
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<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>Year/class in school this coming fall (2006)</th>
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<td>7 8 9 10 11 12 13</td>
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<tr>
<td></td>
<td>High School Graduation Year</td>
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<tr>
<th>AREA CODE</th>
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PREFERRED E-MAIL ADDRESS

Name of school you currently attend ____________________________________________

Director’s name (please print) _____________________________________________

The University reserves the right to cancel programs for any reason, including insufficient enrollments.

Texas A&M International University requests the information on this form for application purposes. No persons outside the University are routinely provided this information. If the requested information is not provided, the University may not be able to process this application.

Individuals with disabilities are encouraged to attend all TAMIU sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the sponsoring department in advance at 956-326-2654.

Texas A&M International University prohibits discrimination in employment or in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities.
Texas A&M International University
2006 Music Band Camp

B – TUITION AND FEES
All students must check the “Band” box. Students wanting to play in Jazz Band check the “Jazz Band” box.
Include with application the $25 Non Refundable application fee.

<table>
<thead>
<tr>
<th>SESSION A</th>
<th>JULY 2 – 15</th>
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<tbody>
<tr>
<td>□ BAND</td>
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<tr>
<td>□ JAZZ BAND</td>
<td></td>
</tr>
<tr>
<td>□ COMMUTER COST</td>
<td>$470.00</td>
</tr>
<tr>
<td>tuition and meals</td>
<td></td>
</tr>
<tr>
<td>□ RESIDENT COST</td>
<td>$620.00</td>
</tr>
<tr>
<td>tuition, room and meals</td>
<td></td>
</tr>
<tr>
<td>□ APPLIED LESSONS</td>
<td>$ 50.00</td>
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<tr>
<td>two one-hour private lessons</td>
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<tr>
<th>SESSION B</th>
<th>JULY 16 – 29</th>
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<tr>
<td>□ BAND</td>
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<tr>
<td>□ JAZZ BAND</td>
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</tr>
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<td>tuition, room and meals</td>
<td></td>
</tr>
<tr>
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<td>$ 50.00</td>
</tr>
<tr>
<td>two one-hour private lessons</td>
<td></td>
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</tbody>
</table>

| SPECIAL OPTION |
| BOTH SESSIONS A AND B |
| JULY 2 – 29 |
| □ BAND   |             |
| □ JAZZ BAND |          |
| □ COMMUTER COST | $ 880.00  |
| tuition and meals |       |
| □ RESIDENT COST | $1,140.00 |
| tuition, room and meals |     |
| □ APPLIED LESSONS | $ 100.00  |
| four one-hour private lessons |    |

C – BALANCE DUE
□ $25.00 NON-REFUNDABLE application fee.

Amount Due $ ____________
Texas A&M International University
2006 Music Band 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 CONCERTS.
Applications must be received by Friday, June 9, 2006. If this application is accepted, I agree to abide by the rules and regulations of the TAMIU MUSIC BAND CAMP.

X ________________ X ________________ X ________________
SIGNATURE OF STUDENT APPLICANT SIGNATURE OF PARENT/GUARDIAN DATE

I recommend this student to you as a worthy applicant for the TAMIU MUSIC BAND CAMP. X ______________________________
SIGNATURE OF SCHOOL MUSIC DIRECTOR

SWIM PERMIT

This certifies that ______________________________ has our permission to swim in the Residential Learning Center pool during the 2006 TAMIU Music Band Camp session. (Swimming is not permitted off campus.) Since no life guard or counselor is present at the RLC pool, Texas A&M International University cannot assume responsibility for this activity.

X ______________________________
SIGNATURE OF PARENT/GUARDIAN
F – REGISTRATION INFORMATION

Please indicate your area(s) of interest.

- Session A – July 2 – 15
- Session B – July 16 – 29
- Both Sessions A & B – July 2 – 29

Everyone is required to sign up for a large ensemble (Band) during Session A and at least one Music Theory or Music Appreciation Course. Students will also be scheduled for sectionals and master classes. 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

- Maroon Band (7th, 8th, and 9th grades) [4hrs.] Primary Instrument: ________________________________
  (Be specific: Alto sax; baritone TC or BC, etc.)
  Other instrument(s) you play: ________________________________

- Silver Band (10th, 11th, 12th, and 13th grades) [5hrs. - includes sectional]
  Primary Instrument: ________________________________
  (Be specific: Alto sax, baritone TC or BC, etc.)

MUSIC THEORY/MUSIC APPRECIATION (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 (1hr.; beginning)
  ___ Fundamentals of Musicianship II (1hr.; 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 10-13; enrollment limited)
  ___ Music Appreciation I (1 hr.; grades 10-13; enrollment limited)
  ___ Music Appreciation II (1 hr.; grades 10-13; enrollment limited)
  ___ Introduction to Post-Tonal Music (1 hr.; grades 11-13)
  ___ Instrumental Conducting – Beginning (1 hr.)
  ___ Instrumental Conducting – Advanced (1 hr.)

Music Director’s Signature

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

X ___________________________ X ___________________________
SIGNATURE OF MUSIC DIRECTOR DATE
Texas A&M International University
2006 Music Band Camp

G – MUSICAL EXPERIENCE
ALL students must complete this page and return it with their application

Name ____________________________

School ____________________________

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
</table>

Grade in school next fall (circle) 7 8 9 10 11 12 13

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

Current chair position in your band Part ________ Chair ________

Chair Position in All-State Band Year ________ Part ________ Chair ________

**Jazz Campers** – chair position in your school jazz band Part ________ Chair ________

Ratings in State-sponsored solo contest ________ ________ ________
year / rating year / rating year / rating

Have you studied privately? ☐ Yes ☐ No

If yes, number of years: ________

Name(s) of private instructors: ____________________________

Etudes or method books used: ____________________________

Solos studied: ____________________________

Other accomplishments: ____________________________
HEALTH INFORMATION and RELEASE FORM

(Please complete both sides of this form and return with your application)

LAST NAME     FULL FIRST NAME                   MIDDLE

SOCIAL SECURITY NO.   DATE OF BIRTH

Significant Health History
List any previous or present health problems (major illness, allergies, asthma, diabetes, eating disorders, etc.) and dates of occurrence:

________________________________________________________________________

Date of last tetanus immunization/booster: ____________ - __________ _

List any drug sensitivities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List medications, if any, currently being taken and what accommodations should be made to insure proper administration and storage of each:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is an identification band or card carried to alert others to the allergy(ies), medical conditions or medication use? ______________

Insurance Information: please complete the Texas A&M International University Insurance Information form and return with your application.

Emergency Contact Person
Person to contact in an emergency:

Name ___________________________ Day Phone ___-___-_____
Relation ___________________________ Evening Phone ___-___-_____

Indicate another person to contact in an emergency:

Name ___________________________ Day Phone ___-___-_____
Relation ___________________________ Evening Phone ___-___-_____

(continued on next page)
Texas A&M International University
2006 Music Band Camp

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

I hereby authorize and give my consent to the health authorities of Texas A&M International University 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 TAMIU Music Band Camp Physician and/or
Doctors Hospital or Laredo Medical Center. 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 TAMIU Music Band Camp at Texas A&M International University.

Release of Liability

In consideration of the TAMIU Music Band Camp of Texas A&M International University granting the student permission to participate in the TAMIU
Music Band Camp, I hereby assume all risks of his/her personal injury (including death) that may result from any TAMIU Music Band Camp activity. As parent or
guardian I do hereby release the Texas A&M University System Board of Regents, Texas A&M International University, the TAMIU Music Band Camp and their
officers, employees, and agents, and all instructors and all participants in said TAMIU Music Band Camp 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 TAMIU Music Band Camp 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 X __________________________ Date __________

Parent/Guardian’s Name __________________________________ (TYPE OR PRINT)

Address ________________________________________________

City __________________________ State __________ ZIP __________

Student’s Signature X __________________________

Address ________________________________________________

City __________________________ State __________ ZIP __________

Persons with disabilities who may require accommodations are asked to contact the Director of the TAMIU Music Band Camp.
Important Notices

In order for your application to be processed, all forms must be signed and dated in the places indicated. Texas A&M International University 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 cancellation fee charged after June 9, 2006.

All campers’ fees must be received by our office by Friday, June 9, 2006.

Before you mail your application, did you…

☐ Include your completed application?
☐ Include your Course Registration and Experience Form?
☐ Include your Health and Insurance Form?
☐ Get signatures on all blanks marked with an X?
☐ Include a check, payable to “Texas A&M International University” for camp tuition and fees?

MAIL YOUR APPLICATION FORMS AND PAYMENTS TO:

Texas A&M International University
College of Arts and Sciences
TAMIU Music Band Camp
Department of Fine and Performing Arts
5201 University Boulevard
Laredo, Texas 78041-1900

QUESTIONS? ADDITIONAL CONTACT INFORMATION:

TAMIU Music Band Camp/TAMIU Band Office Phone: 956-326-2640
Dr. Michael Stone, Music Band Camp Director, E-mail: mstone@tamiu.edu
TAMIU Music Band Camp Fax: 956-326-2655
Texas A&M International University
2006 Music Band Camp

COURSE DESCRIPTIONS

Music Theory/Music Appreciation

Fundamentals of Musicianship I: Key signatures, major scale construction, Circle of Fifths, and 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 all students.
Level: Beginning.

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

Forms and Ideas: An introduction to the formal structure of music. A basic background in theory is required. (Grades 10 – 13)

Music Appreciation I: A survey of composers and stylistic periods in the music of the Western world. Early to classical period. (Grades 10 – 13)

Music Appreciation II: A survey of composers and stylistic periods in the music of the Western world. Romantic to the music of today. (Grades 10 – 13)

Elective Courses

Instrumental Conducting – Beginning: Introduction to basic beat patterns and expressive gestures used in conducting an instrument ensemble. A basic course for those with no previous experience.

Instrumental Conducting – Advanced: A continuation of the beginning course, designed for those with a good basic background in conducting.

Introduction to Post Tonal Music: An introduction to the composers and the music of the 20th and 21st Centuries. Will cover 12 tone technique, modal scales, parallelism, polytonality, and other techniques.
TEXAS A&M INTERNATIONAL UNIVERSITY
CREDIT CARD REGISTRATION FORM

BUSINESS OFFICE

FUNCTION: ____________________________________________

NAME: ______________________________________________

ADDRESS: __________________________________________

CITY, STATE, ZIP ______________________________________

TELEPHONE #: _________________________________________

AMOUNT OF FEE: $_____________________________________

PAID BY: □ VISA □ MASTERCARD □ DISCOVER □ AMERICAN EXPRESS

CREDIT CARD #: ________________________________________

EXPIRATION DATE _______________________________________

NAME ON CARD _________________________________________

SIGNATURE ___________________________________________

NOTE: Please submit completed form to Business Office.
1. In consideration for receiving permission to participate in ________________________________ (herein referred to as ACTIVITY), which is sponsored by_____________________________ (herein referred to as SPONSOR), a component member of The Texas A&M University System, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes SPONSOR, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to ________________________________________, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my participation in said activity.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

SIGNED this ______ day of ____________________________, 20__________

Participant Signature: ______________________________

Printed Name: ______________________________________

Parent or Legal Guardian Signature: ____________________
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: __________________
(If Participant is under 18 years old)

Witness Signature: ________________________________

Witness Printed Name: ______________________________

INSTRUCTIONS TO SPONSORS

1. Complete all blanks in form prior to execution.
2. Provide copy of executed form to Participant.
3. If a special event or other policy of insurance is in effect for the Activity, delete paragraph 3 and initial.
4. Attach additional pages as necessary to describe Activity or Inherent Risks, and have Participant initial all such pages at the time of execution of this document.
5. Keep this release on file in appropriate office of Sponsor.

OGC Approved 10/25/02