



University of Colorado Boulder

College of Music  
Summer Music Academy

Dear Participant and Parents/Guardians

We look forward to welcoming you to the CU Boulder campus for the 2024 Summer Music Academy. Before your arrival, you are required to complete the attached waivers and upload them to the following Google form by **May 10, 2024**: <https://forms.gle/35y10G7VxLXJqB7A>.

Included with this letter is a participation packet that contains:

1. Student Handbook

2. Forms to return:

- Student ID
- Notice to Participants of Risk (NTPR)
- Camper Medical and Emergency Information, Consent, Waiver, Release, and Notice of Risk, and return
- Medical Release and Authorization for Emergency Treatment
- Parental Permission for Student to Self-Care and Self-Administer Medications, sign and return

Completed forms must be signed, scanned into one PDF, and submitted through the Google form listed above by **May 15, 2024**. Students will be notified if any forms are missing or incomplete.

Sincerely,

CU Summer Music Academy

University of Colorado Boulder  
College of Music  
[musicacademy@colorado.edu](mailto:musicacademy@colorado.edu)



# CU Summer Music Academy Student Handbook

## Check-In & Day 1 Orientation

- High School Summer Music Academy: Sunday, June 13, 2021. Specific check-in time and location will be communicated to families in the spring once those details are finalized with CU Boulder.
- Middle School Summer Music Academy: Sunday, June 23, 2021. Check-in time and location will be communicated to families in the spring once those details are finalized with CU Boulder.

On the day of orientation, please wear comfortable shoes as there will be some walking between orientation, and dorms. Please pack your luggage accordingly as you will have to take it a short distance through campus.

Program check-in will be on Sunday, June 13 for high school campers, and Sunday, June 20 for middle school campers. We are still finalizing our camp schedule and details will now be posted to our website. As soon as the schedule and check-in location become available we will post it to our website. We will also post the schedule to our website as soon as it is finalized.

CU Boulder's parking services will be available at our dorms during check-in. Parking at all other locations (including off-campus locations) is the responsibility of the individual. Please note that there is no free parking on campus.

## Suggested and Required Items to Bring:

- **Clothing:**
  - For most of our scheduled activities, comfortable clothing is appropriate. This includes modest-length shorts, jeans, t-shirts, etc.
  - Please make sure that clothing is modest and appropriate. If you wear a particular outfit to school, please do not wear it to camp. When in doubt, don't.
  - Please bring a pair of black pants and black shoes for the final concert. Concert attire will be the SMA t-shirt (provided in the camp fee), black pants, and black shoes.
  - Sunblock and sunglasses are recommended as some of our camp activities and games will take place outside.
- **Footwear:**
  - **Required:** Comfortable shoes for daily program activities.
  - **Required:** Black formal or semi-formal shoes for the final concert.
  - **Recommended:** Cleats (if you plan to use the dorm showers). Overnight students only.

- **Instrument:** Please bring your instrument (band and orchestra students), and any accessories you may need (reeds, strings, mutes, etc.). We will provide sheet music for the event. Percussion instruments and timpani are not included.
- **Rooms/Linens:** The dorm room amenities are listed below. We will provide pillows/blankets if you would like.

Linen packets (included with the overnight registration fee) include one set of linens: one washcloth, pillow, pillowcase, blanket, and bedspread. The rooms do not have a service in the individual rooms. Rooms are furnished with extra long twin beds, dresser, bookcase, desk, and closet. Telephones are not provided in rooms and phone wake-up service is not provided. TVs are located in dorm lounges. All rooms are non-smoking. Parking is by permit only in designated areas. Bunking beds is prohibited.

- **Required toiletries for Overnight Students:** Toothbrush, toothpaste, shampoo, conditioner, soap, wash soap, deodorant, etc.
- **Suggested toiletries:** Hair dryer, shower cap, etc.
- **Alarm Clock:** Cell phone with an alarm function is fine.
- **Technology:** Students are allowed to bring cell phones, etc. to use during classes. The University of Colorado Music Academy Program is NOT responsible for any damage to or loss of personal technology devices.
- **Small fans:** As of this writing, we do not know yet whether we will have air conditioning. We encourage overnight students to bring a small fan for their dorm room. Students will only be in their dorms during evenings and overnight hours. Daytime activities take place in the IMIG music building, which is air conditioned.

### Housing and Meals:

- All overnight residents will stay in one of the dorms on CU's campus. As soon as our services finalize our dorm assignments, we will share that information with your families. Two students will be assigned to each room. You will receive your room assignment and key during check-in. The Summer Music Academy requests, but we can not make guarantees (see registration form).
- CU's dining halls have a menu with all allergen signs. Our dining halls offer a wide array of menu options that are vegetarian, gluten-free, and dairy-free.
- Students are welcome to bring their own snacks to use in vending machines.
- For security reasons, students are NOT allowed to use DoorDash or other food delivery services while staying in the dorms.
- **Loss of Personal Property:** The CU Summer Music Academy, its staff, and the University of Colorado Boulder assume no responsibility for the loss, theft, or destruction of money or valuables whether these occur in the student's room or on campus.

- **Suggestion to Protect Personal Property:** Lock your room when you are out. Even for a few minutes. Leave your keys with a responsible person or place them with the residence hall staff ASAP.

### Transportation:

- Commuters are responsible for making their own travel arrangements to and from camp each day.
- High School students are only allowed to drive to camp only if they are enrolled in the daytime classes and have a valid driver's license and insurance. Students who opt to drive themselves are responsible for securing parking. CU is not responsible for parking tickets and/or towed vehicles. Please note that there is no free parking on campus.
- Overnight residents are responsible for making their own travel arrangements to and from camp on Thursday.
- Overnight students are responsible for making their own travel arrangements to and from camp on Thursday.
- Commuter students are expected to stay on campus at all times. We will not pick them up on the line area or elsewhere.
- Participants may not leave the camp or campus at any time (exception: commuter students designated daily check-out times).
- Extenuating circumstances such as injury, illness, or family emergencies will be handled by the SMA staff on a case-by-case basis.

### Telephone:

- Students are required to turn cell phones OFF during all program workshops, concerts, and masterclasses. Students may use cell phones during breaks and personal time.

### Contractual Obligations:

- Each student will be held accountable for their performance and behavior. Students are required to sign a contract if they wish to participate in the program.
- **The University of Colorado Boulder is a drug-free, alcohol-free, and smoke-free campus.**
- The possession, sale, use, and/or distribution of illegal drugs is a violation of Colorado State Law. Any student involved in such illegal activities can be arrested by the CU and Boulder Police Department. Furthermore, any student involved in such illegal activity will be expelled promptly from the program and such action may affect future applications to the program. This policy is true for the use and/or sale of alcohol.
- In accordance with the University of Colorado Boulder's smoke-free policy (including residence halls) are smoke-free. It is illegal for minors to purchase tobacco products.

## Attendance:

- Students are expected and required to attend all classes, workshops, and other scheduled activities.

Failure to do so will result in a student being removed from the program.

## Rules for the Program:

- Students must participate in all activities.
- Students must stay with their mentor/counselor
- Respect will be given to all participants, coordinators, and staff of the program
- Students must be on time for all activities
- Counselors will arrive at the program approximately 8:00 pm, and will pick up middle school students is approximately 8:00 pm, and will pick up high school students at 8:30 pm.
- No drugs or alcohol are allowed on campus
- Resident students are not allowed to leave campus
- Commuter students are only allowed to leave campus with a signed permission slip each day. Students must leave with their parent/guardian and must sign the sign-in/sign-out sheet each day. (High school students still sign in and out, but do not need a parent/guardian signature)
- Students must lock their dorm rooms at all times and be responsible for the keys when they leave the room
- Students are responsible for their own room (keys are given for any charges for replacement keys).

## Insurance and Medical Information:

- Insurance: Parents of students who do not have health insurance must obtain a staff permission to obtain medical services. Forms are provided with the contract.
- Illness: If a student becomes ill or cannot attend any scheduled camp activity, please notify a staff member know immediately. If a parent/guardian has a medical practitioner, please notify the parent/guardian of the student's illness and provide the name of the medical practitioner.
- Parent/Guardian, it is expected that your camp participant has medical coverage prior to entering and for the duration of the program.



University of Colorado Boulder, College of Music  
2023 Summer Music Academy- Student Performance Contract

Participation in the Summer Music Academy requires acceptance of specific policies, performance, and behavior. This contract outlines the expectations of students accepting participation in the program.

I, \_\_\_\_\_, as part of the admission process, accept the conditions stipulated below.  
(Participant's First & Last Name, Please Print)

**Please initial the following:**

- \_\_\_\_\_ I understand that I will be participating in an academically rigorous and unique musical experience.
- \_\_\_\_\_ I will attend all classes and activities.
- \_\_\_\_\_ I will be on time for all classes, rehearsals, meals, and other camp activities.
- \_\_\_\_\_ I will go to bed by 10:00 PM with my counselor and fellow students at the close of all evening activities.
- \_\_\_\_\_ I will remain in my room during the program.
- \_\_\_\_\_ During the times mentioned above, I will observe the University Housing Department's Quiet Hours Policy.
- \_\_\_\_\_ I will refrain from the use of drugs, alcohol, tobacco, and vaping products during my participation in the program.
- \_\_\_\_\_ I will treat others in their rooms with respect at all times.
- \_\_\_\_\_ I will abide by all rules and regulations of the program.

**I understand that failure to abide by these conditions can result in termination of my participation in the program.**

\_\_\_\_\_  
Signature of Camp Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Student Medication List and Permission to Self-Carry and Self-Administer

The Summer Music Academy understands that students may need to take prescribed medication during their time at camp. This information will be kept confidential in the student's file.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Student Medication List

Name of Medication	Dosage (please specify strength)	Frequency of Dosage	Purpose of Medication	Possible Side Effects	Is this medication prescription, or over the counter?

Please list any additional information or follow-up care that may be necessary for medical protocols if applicable (seizure action plan, allergic reaction plan, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby authorize my student \_\_\_\_\_  
(Parent/Guardian Name) (Name of Camp Participant)

to self-carry and self-administer the medications listed above. I understand that it is my child's responsibility to keep their medication stored in a safe location, and to not share their medication with anyone else. I understand that my child is solely responsible for taking the correct dosage as listed above, and that the Summer Music Academy, and all other personnel are NOT held responsible should my child miss a dose or take an incorrect dose of their medication. I understand that the Summer Music Academy is a drug-free and alcohol-free campus, and that my child will be held responsible for any necessary consequences.

Name of Parent/Guardian  
(Please print legibly)

Signature

Date Signed

University of Colorado, College of Music  
Summer Music Academy  
Medical Release and Insurance Information

Should the participant be injured while residing or participating in the sponsored program?

- Participant and/or Parent/Guardian hereby give consent for the University of Colorado program directors and administrators to provide medical attention, transportation, or emergency medical services to participant as warranted.
- If injured while traveling to or from the program by airplane, train, or any other means of transportation, participant and/or guardian hereby agree to waive any legal claims against the University of Colorado and its regents, officers, employees, agents, or any program administrator.
- Participant and/or Parent/Guardian agree and acknowledge that some of all activities may be of a hazardous nature and/or may include physical and/or strenuous exercise or activity. Participant and/or guardian certify that to the best of their knowledge the participant has no medical or physical health condition which would prevent participation in the program.
- Participant and/or Parent/Guardian hereby agree to provide accurate information in connection with the above.
- Participant and/or Parent/Guardian hereby agree to hold harmless the University of Colorado, its officers, or administrators, liabilities arising out of or in any way connected with any physical or mental injury sustained by participant, caused by negligence or otherwise.

Please provide the following information:

Name and address of insurance company covering the participant.

Name of policy holder

Address of policy holder/responsible party

Policy



Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Printed name of student participating in the program



UNIVERSITY RISK MANAGEMENT

Participant Notice of Risk and Waiver

Activity Description	CUDA SUMMITTING CLUBS
Start & End Dates	
Participant's Name	
Parent/Guardian Name (if participant is a minor)	
Emergency Contact Phone	

The University of Colorado welcomes you to use our facilities and equipment. Please read through the following important information.

I exercise my own free and voluntary choice to participate in the use of the facilities and equipment provided by the University of Colorado and assume all associated risks of the designated activity. These risks include, but are not limited to:

Despite careful supervision, there is a risk of serious injury when participating in any activity program. Understand that not all hazards are dangerous. Participants in a CU sponsored program may be exposed to the following risks:

human contact, strains, contusions, lacerations, fractures, broken bones, paralysis, concussion, and other circumstances inherent in the activity.

I agree to assume all risk of personal injury, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, and hold the University of Colorado harmless from all claims, damages, and expenses, including reasonable attorney's fees, for equipment and facilities provided by the University of Colorado. I agree to comply with the CU Student Code of Conduct and applicable laws (CU students).

Use of a privately-owned vehicle, including the operation or as a passenger, in participating in the activity is not covered by the University of Colorado. The University of Colorado does not provide liability or physical damage insurance coverage on privately-owned vehicles. The vehicle owner must have their own physical damage insurance coverage for privately-owned vehicle.

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance must provide health insurance coverage for the designated activity.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student's participation on behalf of said minor, as permitted by law.

Activity Participant	Date
Parent/Guardian for Minor	Date

(PAGE 1 OF 2) CAMP PARTICIPANT EMERGENCY AND MEDICAL INFO

I, \_\_\_\_\_, hereby read and understand the provisions above. For participants under 18 years of age, the parent \_\_\_\_\_ accepts the above terms on behalf of the participant and as permitted by \_\_\_\_\_ minor, as permitted by \_\_\_\_\_

CAMP INFORMATION

Campus/Department/Camp Name: \_\_\_\_\_  
Camp Dates \_\_\_\_\_ to \_\_\_\_\_

PARTICIPANT INFORMATION

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Grade in School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO SIGN

Parent/Guardian Information

Primary Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Secondary Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Cell ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Other Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician \_\_\_\_\_  
Medical History (if necessary, use additional sheet) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tetanus Booster \_\_\_\_\_  
Allergies: Insect bites/stings  Describe \_\_\_\_\_ Drug  Describe \_\_\_\_\_  
Food  Describe \_\_\_\_\_  
Other  Describe \_\_\_\_\_

Is participant under the care of a provider for either \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Is participant taking medically prescribed medication? Yes  No   
If yes, please explain \_\_\_\_\_

Other information of which we should be aware? \_\_\_\_\_

(PAGE 2 OF 2) CAMP PARTICIPANT AND CAMP LEADER RELEASE AND NOTICE OF RISK

1. I exercise my own free will and voluntarily accept the responsibility to assume all associated risks of the designated activity. These risks include, but are not limited to (add or specify risks here):  
Minor to severe bodily injuries incurred in the participation of ice skating, team bonding activities. Minor injuries incurred in office work setting.
2. I agree to assume all risk of personal injury or death, damage to or loss of or destruction of any property, and any other loss or damage resulting from my participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including my use of equipment and facilities provided by the University of Colorado.
3. The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for the designated activity.
4. To the best of my knowledge, I am free from all known and unknown conditions that may affect my participation in the designated activity. I affirm that I am in good health and that participation in the camp will increase my health condition. I will seek medical assistance as appropriate from the Camp Director to get in the best judgment in treating any injury that I may sustain during camp and any such treatment will be at my expense.
5. I agree to, as a participant, abide by the rules and regulations of the camp. Possessing the above items is a serious violation of the rules and regulations of the camp. Possession of the above items is prohibited at Camp Colorado, sole discretion.
6. I understand that participants in University of Colorado events are sometimes photographed and videotaped for use in promotional and educational materials. I understand that such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees. I authorize the University of Colorado to record and photograph my image for use by the University of Colorado or its assignees in research, education, and promotional programs.
7. I hereby certify that I have read and understand the regulations above. For participants under the age, the parent or guardian accepts the above terms and grants permission for the participant's participation on behalf of said minor, as permitted by the University of Colorado. This is a voluntary choice to participate in the designated activity provided by the University of Colorado.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_  
For Participant's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_