



SIGNATURE MUSIC CAMP

A Non Profit Organization

Dr. Richard Ford, Executive Director

118 Julian Place #229

Syracuse, NY 13210

315.478.7840

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contact@signaturemusic.org

www.signaturemusic.org

Signature Music Camp Conduct Policy

Please sign and return by June 10, 2009

1. Campers shall be respectful to staff, guests, college personnel and other campers at all times.
2. Campers shall respect their own physical and mental health by refraining from the following:
 - Unauthorized non-prescription drugs
 - Alcoholic beverages
 - Nicotine
 - Junk foods and soda in excessive quantities
 - Physical horseplay / practical jokes
3. Campers shall conduct themselves in a manner that facilitates group interaction and cooperation. Pairing up, public or private displays of affection are not permitted.
4. Camp attire is casual and should be appropriate for summer. Caps and sunglasses are not allowed in the dining hall or School of Music. Halter tops, suggestive or offensive attire are not permitted. Shoes, sandals, sneakers, shorts and T-shirts are appropriate.
5. Conversations or jokes that are blatantly racist, sexist, homophobic, or that mock religion or ethnicity are inappropriate.
6. **As stated in the "Camp Guidelines," personal cell phones are not allowed at camp. Any camper that is found to have a cell phone at camp will be sent home and tuition will not be refunded.**
7. Campers shall obey all requests and rules of camp staff.
8. No guests or friends of campers shall be allowed to visit camp other than parents, music teachers, or persons approved in advance by the camp staff and parent(s)/guardian.

I have read the camp conduct policy and agree to uphold and abide by the policy. I agree that in accordance with Signature Music Camp's Discipline Policy, any camper who does not adhere to the above rules is subject to early dismissal without tuition refund. In addition, I give permission for my child's name and address to be shared with other campers and for still and video pictures of my child to be used for promotional purposes. I understand that a properly completed health form is required. In the event of accident or illness the camp administration has my permission to secure emergency medical care.

PARENT SIGNATURE

DATE

CAMPER SIGNATURE

DATE

Please sign and return by June 10, 2009

Signature Music Camp Health History and Examination

*NAME: _____
Last First Middle
Birth date: _____ Age at camp: _____ Gender: _____ Dates of Camp: _____

Home Address: _____
Street Address City State Zip
Custodial Parent or Guardian: _____ Phone:(H) _____ (W) _____

Home Address: _____
(If different from above) Street Address City State Zip
Business Address: _____
Street Address City State Zip

Second Parent or Guardian or Emergency Contact: _____

Address: _____ Phone: _____
Street Address City State Zip

Business address: _____ Phone: _____
If not available in an emergency, notify: _____ Relationship: _____

Address: _____ Phone: _____
Street Address City State Zip

INSURANCE INFORMATION: carrier or plan name: _____

A photocopy of front and back of health insurance card must be attached to this form.

HEALTH HISTORY: The intent of this information is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp staff upon arrival at camp. Provide complete information so that the camp can be aware of your needs.

Allergies: List all known and describe the reaction and/or management of the reaction.

Medication Allergies: _____

Food Allergies: _____

Other Allergies: _____

Any medically prescribed meal plan or dietary restrictions: _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at the camp: _____

Medications being taken: Please review and fill out the attached sheet. You must fill this sheet out for ALL medications including over-the-counter and prescription medication. The camper will not be allowed any medication unless specified on the attached sheet.

THE FOLLOWING MUST BE COMPLETED FOR ATTENDANCE

Parent Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation to me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____ Date: _____

I also agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor camper: _____ Date: _____

* The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Approved licensed medical personnel must complete health exam at least every year.

General Questions:

	Has/ does the participant:	Yes	No	15	Ever been diagnosed with a heart murmur?	Yes	No
1.	Had any recent injury illness or disease?	1	1	16	Ever had back problems?	1	1
2.	Have chronic or recurring illness/condition?	1	1	17	Ever had problems with joints? (Knees, ankles)	1	1
3.	Ever been hospitalized?	1	1	18	Have an orthodontic appliance being brought To camp?	1	1
4.	Have frequent headaches?	1	1	19	Have any skin problems? (Itching, rash, acne)	1	1
5.	Ever had a head injury?	1	1	20	Have diabetes?	1	1
6.	Ever been knocked unconscious?	1	1	21	Have asthma?	1	1
7.	Wear glasses, contacts or protective eye wear	1	1	22	Had mononucleosis in the past 12 months?	1	1
8.	Ever had frequent ear infections?	1	1	23	Had problems with diarrhea/ constipation?	1	1
9.	Ever had surgery?	1	1	24	Have problems with sleepwalking?	1	1
10.	Ever passed out during or after exercise?	1	1	25	If female, have abnormal menstrual history?	1	1
11.	Ever been dizzy during or after exercise?	1	1	26	Have a history of bed-wetting?	1	1
12.	Ever had seizures?	1	1	27	Ever had an eating disorder?		
13.	Ever had chest pain during or after exercise?	1	1	28	Ever had emotional difficulties for which professional help was sought?		
14.	Ever had high blood pressure?	1	1				

Please explain any "yes" answers, noting the number of the questions: (use additional sheets of paper if necessary)

Which of the following has the participant had?

- Measles
- German measles
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Chicken pox
- Mumps

TB Mantoux Test:

Date of last test: _____
 Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR or		_____	_____	_____	_____	_____	_____
Measles or		_____	_____	_____	_____	_____	_____
Mumps or		_____	_____	_____	_____	_____	_____
Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Health Care Recommendations by Licensed Medical Personnel:

I examined this individual on _____ (Must be within 12 months of camp attendance).

BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following reasons: _____

Signature of Licensed Medical Personnel _____	Date _____
Printed Name _____	Title _____ Phone _____
Address _____	

Camper Medical Permission Form

Camper Name: _____

Dates of Camp Attendance: _____

Please list all medications that your child will take at camp. This includes over-the-counter drugs as well as prescription medication. **No camper will be administered any drug that is not listed on this permission sheet.**

Per Tompkins County Department of Health, this form MUST be signed by your child's doctor in order for the camp nurse to dispense ANY medication to your child while they are at camp. THIS INCLUDES ALL NON-PRESCRIPTION MEDICATIONS.

Please remember to:

- Bring enough medication to last the entire camp.
- Keep it in the original packaging/bottle that identifies the prescribing physician (for prescription drugs only), name of the medication, the dosage, and the frequency of administration.
- Label the medication with the camper's name. Medication with a name other than the campers will not be accepted at check in.
- Bring this form and medications to registration.

Name of Medication	Dosage	Frequency of Administration	Specific Instructions

Parent/Guardian Authorizations: This is a correct and accurate description of ALL medication (prescription and non-prescription) my child will be administered at camp. I hereby give my consent for camp staff to responsibly administer all drugs listed above, and to keep a record of all drugs administered.

Signature: _____ Date: _____

Print Prescriber's Name: _____ Date: _____

Prescriber's Signature: _____ Date: _____

I also understand and agree to abide by the Camper Medication Policy.

Signature of camper: _____ Date: _____



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Recommended Places to Stay in Ithaca

Hotels

Holiday Inn Ithaca- (Downtown- 181 Rooms)

222 South Cayuga Street

Ithaca, New York 14850

Phone: (607) 272-1000 • Fax: (607) 277-1275

<http://www.hiithaca.com/index.php>

Meadow Court Inn- (75 Rooms)

529 South Meadow Street

Ithaca, NY 14850

Phone: (607) 273.3885 1.800.852.4014

<http://www.meadowcourthaca.com>

Comfort Inn- (79 Rooms)

356 Elmira Rd.

Ithaca, NY, 14850

Phone: (607) 272-0100 Fax: (607) 272-2405

http://www.comfortinn.com/hotel-ithaca-new_york-NY199

Hilton Garden Inn (Downtown)

130 E. Seneca Street

Ithaca, NY 14850

Phone: (607) 277.8900 Fax: (607) 277.8910

<http://hiltongardeninn.hilton.com/en/gi/hotels/index.jhtml?ctyhocn=ITHIGGI>

Country Inn & Suites (1/2 mi. south of Ithaca College- 58 Rooms)

Terri Keegan, Mgr.

1100 Danby Road

Ithaca, NY 14850

Reservations: 1.800.596.2375 Phone: (607) 256.1100

<http://www.countryinns.com/ithacany>

(See reverse side for bed & breakfast recommendations)

Bed & Breakfasts

The Coddington Guest House- (adjacent to Ithaca College)

Denise Karamardian DeSouza, Proprietor
130 Coddington Road
Ithaca, NY 14850
Phone: (607) 275.0021 Email: theCoddington@gmail.com
<http://www.thecoddington.com/>

Thomas Farm Bed & Breakfast (7 mi. from downtown)

136 Thomas Road
Ithaca NY 14850
Phone: (607) 539.7477 1.877.599.7477
Email: thomasfarm136@aol.com
<http://www.thomasfarmbb.com>

The William Henry Miller Inn (downtown)

303 North Aurora Street
Ithaca, New York 14850
phone: 607.256.4553
fax: 607.256.0092
Toll free reservation line: 877.25.MILLER (256.4553)
e-mail: millerinn@aol.com
<http://www.millerinn.com>

MacIntire's Cottage (near Cornell University)

Judith MacIntire, Owner
217 Eastern Hghts Drive
Ithaca, NY 14850
Phone (607) 273-8888
Email: jmacinti@aol.com
http://www.bbithaca.com/macintires_cottage.html

Rogues' Harbor Inn (East side of the lake, 10 min. from downtown Ithaca)

Eileen Stout, Owner/Inn Keeper
2079 East Shore Drive
PO Box 97
Lansing NY 14882
Phone: (607) 533-3535
Reservations@RoguesHarbor.com
<http://www.roguesharbor.com/index.htm>

Federal House (Lansing)

175 Ludlowville Road
Lansing, NY 14882
Telephone: 607-533-7362 - Toll Free: 800-533-7362
Email: innkeeper@federalhouse.com
<http://www.federalhouse.com>

Final Checklist

MAY – JUNE

- ♪ **Recital Readiness.** All campers participate in camp recitals performing solos, duets, trios, etc. We encourage campers to perform a solo with piano accompaniment. Your NYSSMA solo is a suggestion (for New York State Campers). You can perform both instrumental and vocal solos.
- ♪ **Conduct Policy Form.** Please have parent and camper sign and return with health form by **June 10**.
- ♪ **Health Form.** This form must be signed by a physician and parent/guardian and returned by **June 10**.
- ♪ **Insurance Information.** A photocopy of front and back of health insurance card must be attached to the Medical Health History and Examination Form.
- ♪ **Medication Permission Form.** Please have doctor, parent and camper sign and return with health form and conduct policy form by **June 10**. *Per Tompkins County Department of Health, this form MUST be signed by your child's doctor in order for the camp nurse to dispense ANY medication to your child while they are at camp. THIS INCLUDES ALL NON-PRESCRIPTION MEDICATIONS.*
- ♪ **Tuition Paid In Full.** (Unless a payment plan has been agreed upon.)
- ♪ **Motel Reservations.** Make reservations soon, as Ithaca is a busy summer tourist town.

JUNE - JULY

- ♪ **All Forms In and Tuition Paid.**
 - Pack for Camp:**
 - ♪ Fan for dorm room.
 - ♪ An alarm clock. *Cell phones may not be used, as they are not permitted at camp.*
 - ♪ Shower shoes & personal grooming items (soap, shampoo, toothpaste, deodorant, hair dryer, etc.)
 - ♪ Pillow & blanket (if you want yours) pillows, bed linens, towels and washcloths are provided. There is a linen exchange each Thursday (for teen campers).
 - ♪ **Sneakers for participating in outdoor sports, games and activities. Shoes must be worn at all times during camp- going barefoot is not permitted.**
 - ♪ Soccer ball, frisbee, cards, board games, tennis racquet/ball. Time is available each afternoon and most evening for leisure activities.

- ♪ A good book.
- ♪ Cash is recommended in small amounts: \$15 for Youth Camp and \$30 for Teen Camp. If a camper needs money until parents arrive she/he can see the dorm counselor. Petty cash is on hand for such situations.
- ♪ Stationery & stamps (there is daily mail pickup and distribution).
- ♪ A second instrument. If you double, bring an instrument if you wish to play a second instrument in a jazz ensemble. For example, some clarinetists play sax; a French horn or euphonium player may play trumpet or trombone in jazz. We can arrange to have some instruments available for loan during camp, but suggest you try to borrow one from your school.
- ♪ Black shorts, slacks or short skirt, sandals, shoes or sneakers for Teen Concert (camp T-shirts on top). *Flip-flops are not permitted for the concerts.*
- ♪ Denim shorts, slacks or skirt, sandals, shoes or sneakers for Youth Concert (camp T-shirts on top). *Flip-flops are not permitted for the concerts.*
- ♪ Shorts, jeans, tops (Halter tops or suggestive attire is NOT permitted)
- ♪ Sweatshirt, sweater, jacket (Whalen Music Center is air conditioned)
- ♪ Swimsuit and towel. We suggest you bring an extra towel or two if you swim much. On Monday campers who wish to use the pool will take a swim test. A colored bracelet is given; which allows the lifeguards to know who can be in the deep or shallow ends of the pool.

(Please note the clothing policy, which is part of the Conduct Policy)