

May 15, 2017

Dear Band Directors and Students:

It is with pleasure that I write you to announce the **second session** of the Sul Ross State University Music Camp: *Music Vistas!* This year, the *session one* band camp will take place from June 7 to June 10 (open to middle- and high-school students), and **the *second session* music camp (open only high school students)** will take place from **July 13 to 15**. Both are on the campus of SRSU in beautiful Alpine, Texas.

This *new* second session will focus on the student who may be interested in continuing music beyond high school: whether it's studying music in college, performing professionally, or performing in groups for fun. This session will feature group and private lessons, group master classes, brief classes on Music Literature, History, and Theory/Fundamentals, how to practice/performance psychology, Music Technology, and/or careers and entrepreneurship. Students will have lots of individual time with the Music faculty at SRSU. Students may sign up on band instruments, piano, voice, guitar, bass, drums, or music composition.

Attached to this message are the application, liability, and medical release forms. Any students wishing to attend should fill out all three forms and send with a check or money order to:

SRSU Music Vistas Band Camp
c/o Jeffrey Meyer
Sul Ross State University
Box C-43
Alpine, TX 79832

Registration deadline for the lowest price is Saturday, July 1. Apply today!
As always, the session one June band camp details can be found on our webpage here:
<http://www.sulross.edu/page/407/summer-music-vistas-2017>

If you have any questions, please feel free to contact me through any of the means listed below.

We look forward to seeing you in June or July for these exciting events!

Sincerely,

Jeffrey J. Meyer, D.M.A.
Director of Bands and Brass Studies, Sul Ross State University
Music Director, Big Bend Community Band
Jeffrey.meyer@sulross.edu
Cell (785) 840-6077
Office: (432) 837-8018

Sul Ross State University
2017 Summer/Music Vistas
APPLICATION FORM

Music Vistas (Session Two): SRSU Music Camp, July 13-15, 2017

_____ **\$250.00***

Application deadline – July 1

(After July 1, \$275.00*)

_____ **\$150.00 commuters**

Please send a check or money order in the correct amount to:

SRSU Music Vistas Band Camp

c/o Jeffrey Meyer

Sul Ross State University

Box C-43

Alpine, TX 79832

Student Name: _____ **T-Shirt Size:** XS, S, M, L, XL, XXL

Gender: _____ **Current grade** _____

Street Address: _____ **City:** _____

Phone #: _____ **Primary Instrument:** _____

Emergency Contact Person/Phone #: _____

A schedule of daily activities and directions to SRSU will be mailed after receipt of application and payment.

***Includes meals, t-shirt and housing (students need to provide bed sheets, towels and toiletries) NO HEELYS PERMITTED on campus.**

MINOR RELEASE AND INDEMNITY AGREEMENT

I give permission for my child to participate in the activity named above on the dates shown. In consideration for the supervisors, and Sul Ross State University facilitating this activity, I (for myself, my heirs, executors, and administrators) release, discharge and agree to indemnify the supervisors, Sul Ross State University and all its agents and employees facilitating this activity, acting officially or otherwise, from any claims on account of my child's death or on account of any injury to my child or for damage to my child's property which may occur from any cause in connection with this activity regardless of whether such death, injury or damage is caused in whole or in part by the negligence of the supervisors or Sul Ross State University. I intend that the indemnity provided in this agreement is indemnity by me to indemnify Sul Ross State University and its agents and employees from the consequences of their own negligence, whether that negligence is the sole or a concurring cause of the death, injury or damage.

Dated this the ____ day of _____, 2017

Signature of Parent or Guardian

**2017 Music Vistas:
Sul Ross Music
Camp
session two**

**Parent
Packet**

Quick Fact Sheet

- Students should be prepared with their own toiletries, sheets, pillow, and towels. ('Heely's' footwear are strictly prohibited.)
- Session Two Camp check-in is from 12-2pm Thursday, July 13th. The check-in desk is located just outside of the Fine Arts Building.
- The first camp activity starts 2:30pm Thursday, July 13th.
- The camp concludes with the final concert or master class in the Francois Fine Arts Building at 11:00am Saturday, July 15th. All students will be released after this concert. Parents/guardians are encouraged to attend.

Important Phone Numbers:

Fine Arts & Communication Office: 432-837-8218

Band Camp Director: Jeffrey Meyer: 432-837-8018, jeffrey.meyer@sulross.edu

Residential Living: 432-837-8190

University Department of Public Safety: 432-837-8100

DEAR SENIOR HIGH BAND CAMP STUDENT & PARENT/GUARDIAN,

THANKS FOR YOUR INTEREST IN THE 2017 SRSU MUSIC CAMP. IT WILL BE AN EXCITING AND BUSY FOUR DAYS. OF COURSE, THE EMPHASIS IS ON THE MUSIC, BUT OTHER ACTIVITIES ARE PLANNED TO INCLUDE A MOVIE NIGHT AND A SWIM NIGHT. THIS LETTER CONTAINS INFORMATION ABOUT THE CAMP AND YOUR RESPONSIBILITIES. THE DATES FOR THE CAMP ARE JUNE 7-10. FOLLOWING IS AN OUTLINE SCHEDULE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (432) 837-8018 OR E-MAIL: JEFFREY.MEYER@SULROSS.EDU

THURSDAY, JULY 13, 2017:

REGISTRATION AND CHECK IN WILL BE FROM NOON TO 2:00 P.M. IN THE FINE ARTS BUILDING. YOU WILL RECEIVE YOUR NAMETAGS AND PROCEED TO LOBO VILLAGE (DORMITORY) TO CHECK IN. IF YOU HAVE A SPECIFIC PERSON YOU WOULD LIKE TO ROOM WITH, PLEASE NOTIFY ME IN ADVANCE. ALSO, YOU ARE RESPONSIBLE FOR YOUR LUNCH ON WEDNESDAY, ALL OTHER MEALS WILL BE PROVIDED

THE CAMP WILL OFFICIALLY BEGIN AT 2:30 P.M., WITH INTRODUCTIONS, AND CLASSES/LESSONS WILL START AFTERWARDS.

FRIDAY JULY 14, 2017:

**CAMP ACTIVITIES.
IN THE EVENING, THE GROUP WILL SEE THE THEATRE OF THE BIG BEND PRODUCTION OF THE MUSICAL "THE FANTASTICKS" AT THE KOKERNOT OUTDOOR THEATRE.**

SATURDAY, JULY 15, 2017:

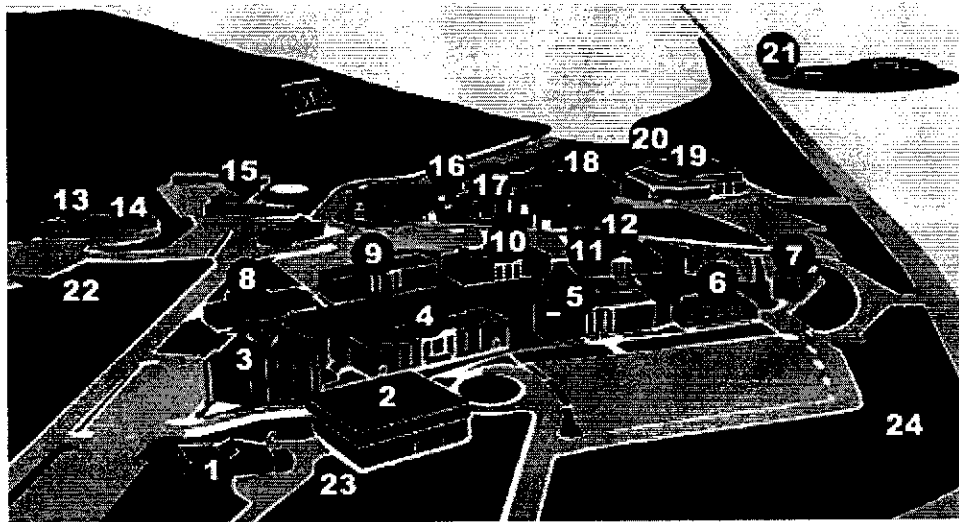
THE CAMP WILL CONCLUDE WITH THE ANNUAL CONCERT/MASTER CLASS AT 11:00 A.M. IN THE FRANCOIS FINE ARTS BUILDING. AFTER THE CONCERT, ALL STUDENTS WILL RETURN TO THE DORM TO CHECK OUT.

IMPORTANT INFORMATION

- ALL STUDENTS WILL NEED TO PROVIDE THEIR OWN SHEETS, TOWELS AND TOILETRIES.**
- PLEASE BRING A NICE PAIR OF PANTS OR JEANS FOR THE CONCERT. CAMP T-SHIRTS WILL BE WORN.**
- PLEASE BRING APPROPRIATE SWIMWEAR.**
- PLEASE SEE ATTACHED RULES PROVIDED BY THE UNIVERSITY. THE RULES ARE FOR THE SAFETY OF THE CAMP PARTICIPANTS. ANY STUDENT WHO VIOLATES THESE RULES WILL BE SENT HOME IMMEDIATELY.**
- EACH CAMPER IS RESPONSIBLE FOR THEIR ROOM KEY. A LOST KEY WILL COST \$125.**

**SINCERELY,
JEFFREY J. MEYER, D.M.A.
DIRECTOR OF BANDS & BRASS STUDIES
SUL ROSS STATE UNIVERSITY
BOX C-43
OFFICE: (432) 837-8018
EMAIL: JEFFREY.MEYER@SULROSS.EDU**

SRSU Campus Map



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|--|--|
| 1. President's Home | 13. Industrial Technology Building |
| 2. Bryan Wildenthal Memorial Library | 14. Art Annex |
| 3. University Center | 15. Physical Plant |
| 4. Briscoe Administration Building | 16. Lobo Village Housing Complex |
| 5. Morelock Academic Building | 17. Residential Living Office |
| 6. Academic Computer Resource Center | 18. Graves-Pierce Complex |
| 7. Lawrence Hall and Cactus Garden | 19. Pete P. Gallego Center |
| 8. McCoy Building (Museum of the Big Bend) | 20. Tennis Courts |
| 9. Francois Fine Arts Building | 21. Turner Center |
| 10. Warnock Science Building | 22. Mountainside |
| 11. Ferguson Hall | 23. Early Childhood Development Center |
| 12. Fletcher Hall | 24. Centennial School |



SUL ROSS STATE UNIVERSITY
A Member of the Texas State University System
 ALPINE, TEXAS 79832

University Center
 P. O. Box C-190

SRSU Summer Camp Medical History Form
 Submit this form for each camper and staff member participating in
 Music Vistas Music Camp, session two – July 13-15, 2017

Voice (432) 837-8191
 Fax (432) 837-8192

Name: _____ DOB: _____ Age: _____

Address: _____ City, State Zip: _____

Parent/Guardian (if minor): _____ Phone: _____

Address: _____ City, State Zip: _____

2nd Parent/ Guardian: _____ Phone: _____

Address: _____ City, State Zip: _____

Child is in the custody care of ___ both parents ___ mother only ___ father only ___ other _____

Emergency Contact: If neither parent/guardian is available in an emergency contact:

Name: _____ Relationship: _____ Phone: _____

Please list any relevant medical conditions and needed accommodations: _____

Attach the Summer Camp Medication Form with any medications the camper requires during the camp

Please explain any Yes answers - Attach additional sheets if necessary

- Any known behavioral and/or emotional problems? No Yes _____
- Activities to be encouraged or limited by physician? No Yes _____
- Dietary modifications? No Yes _____
- My camper may be given (check all that apply): Aspirin Tylenol Benadryl Pepto Bismol Neosporin
 Advil NOTHING

Printed name of MD: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

INSURANCE INFORMATION - Please include copy of insurance card

Name of Insurance Provider: _____

Policy Number: _____ Policy Holder: _____

The above medical history and insurance information is correct to the best of my knowledge. My camper has permission to engage in all activities, unless otherwise noted. I hereby give permission to the appropriate camp personnel to provide routine health care and administer prescribed medications, as directed by my physician. I consent for my camper to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and will assume liability for any medical expenses involved. This authorization extends to my camper's participation in any activity sponsored by the camp. Should a medical emergency arise, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have provided. If it is believed my camper's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Date: _____ Parent/Guardian Signature: _____



SUL ROSS STATE UNIVERSITY
A Member of the Texas State University System
 ALPINE, TEXAS 79832

University Center
 P. O. Box C-33

SRSU Summer Camp Medications Form
 Submit this form *only* for campers needing medication during
 Music Vistas Music Camp, session two – July 13-15, 2017

Voice (432) 837-8191
 Fax (432) 837-8192

Submit a separate form with each medication prescribed during the camp

Camper's Name: _____

Condition for which the medication is administered: _____

Name of medication, dose, and method of administration (w/food, milk, etc.): _____

Time or indication for administration: _____

Is this a controlled drug? Yes No Can the camper self-administer this medication? Yes No

Side effects to be noted/reported: _____

Other recommendations: _____

Physician Signature	Printed Name	Phone	Date
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PARENT/GUARDIAN AUTHORIZATION

I request my camper, named above, be permitted to self administer the above ordered medication, as approved by the physician, above. If not approved, I request the designated person hold and administer the medication in the manner indicated above. I take responsibility for this permission. I understand the medication must be in the original pharmacy container, labeled with name of camper, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. This medication will be destroyed unless picked up within one week after the end of the medical order or camp. **I further understand the (camp) does not employ personnel qualified to give injections. If my camper requires regular or emergency injections, other than a self-injection authorized by my physician above, I will be solely responsible for any expenses involved and for making such arrangements with local health care professionals prior to the camp.**

Parent/Guardian Signature	Date	Parent/Guardian Phone Number
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Camp personnel will assist the camper to be responsible in the self-administration of approved medication, but reserve the right to withdraw the privilege if the camper shows signs of irresponsible behavior or there is a safety risk. The camper's parent/guardian will be contacted as soon as possible in this event.

