



Flathead Lake Music Camp  
June 2019

Dear Camper,

Thank you for being a part of the High School Music Camp this year. We are looking forward to a great camp. Here are a few reminders about the particulars of music camp and a list of things that you should bring.

- Instrument (Percussionists – sticks and mallets only)
- Bottom Sheet and Pillow
- Sleeping Bag or Bed Roll
- Warm Jacket
- Wardrobe for both warm and cool weather ( the weather may change frequently during the week)
- Swim Wear
- Insect Repellant
- SUNSCREEN
- Lip Balm
- Rain Coat
- Towel, Washcloth, Soap
- Toothbrush, Toothpaste
- Comb, Brush, Shampoo
- Notebook
- Pen and Pencil
- Wire Music Stand (If you have one )
- A couple of clothespins to hold music while playing outside.
- Solo, Ensemble or Technique materials
- Water Bottle! - water refill stations are available throughout camp - please help us cut down on waste by bringing your own bottle.
- PUT YOUR NAME ON ALL OF YOUR THINGS
- DO NOT BRING: FIREWORKS, WEAPONS OF ANY KIND, OR EXCESSIVE AMOUNTS OF MONEY!  
Flathead Lake Music Camp is NOT RESPONSIBLE for Lost or Misplaced Items. *Cell phones,*

*handheld video games, iPods, laptops, etc. are discouraged, and to be brought and used at your own risk.*

- *REGARDING CELL PHONES: Campers will turn over cell phones to their counselor at Lights-Out each night, and they will be stored for safekeeping. They will be returned the next morning.*

DIRECTIONS: The camp is held at the United Methodist Campground, Rollins, Montana on Highway 93, near Rollins, at the 89-mile marker (North of the Rollins General Store). A map is available online to assist you.

CHECK-IN: **Sunday, July 7th- between 3:00 and 5:30 p.m.** Please try NOT to arrive earlier than this time, as the staff and facilities require substantial orientation and preparation time. We will not allow anyone to check in earlier than 3:00. Please plan accordingly. All Camp Fees are to be paid at or before check-in.

This is the check-in packet. Please make sure that ALL of the information in this packet is complete. PLEASE BRING THIS PACKET WITH YOU TO CAMP - YOU WILL NEED IT TO CHECK-IN! The fee worksheet should reflect payments made up to now, and any credits you might have (This will be sent to your primary email in June). To facilitate speedy registration, please calculate additional fees detailed below and have payment ready.

ADDITIONAL FEES (OPTIONAL): PRIVATE LESSONS are available. You may sign up for lessons during check-in. Fee: \$20.00 per lesson (a maximum of two per instrument). *All students are encouraged to take private lessons.* CAMP PICTURES will be available, courtesy of Crown Photo Studio. They can be ordered and paid for at registration. Cost is \$12.00. SATURDAY BBQ LUNCH for non-campers is \$7.00. If possible, please prepay at registration. This helps with the "head- count."

CAMP STORE: We run a concession stand offering snacks and beverages, some sundries, and an assortment of music supplies (reeds, valve oil, drum sticks, etc.) The store is open during recreation times. Students are discouraged from carrying cash, so we have a store account set up for each student at registration. A maximum of \$20 can be deposited into each student account. All proceeds from the store go to fund camp scholarships. Any funds remaining in student accounts at the end of the week are donated to the scholarship fund. No refunds will be issued.

METHODIST CAMP RULES:

- Park all vehicles in the Upper Parking Lot IMMEDIATELY after unloading your gear.
- NO PETS allowed in Camp

- The use of Drugs is PROHIBITED on the campground. The ONLY exception being over-the-counter and prescription pharmaceuticals.
- ALCOHOLIC BEVERAGES are NOT allowed on the campground.
- Campers may enter the water, ONLY in the designated swimming areas at the dock when the Lifeguard is present.
- Campers are responsible to pay for damage and labor costs due to abuse of Camp Facilities.
- There is a "Day Use Fee" for anyone visiting a registered camper. Persons may be on the campground up to two hours to pick up or deliver campers without being charged the day use fee. This fee is waived on Saturday.
- PRESCRIPTION AND OVER-THE-COUNTER DRUGS are to be turned into the Camp Director.
- ANY CAMPERS WHO DRIVE THEIR OWN VEHICLES to Camp MUST turn their vehicle keys into the Camp Director when registering.

Camp T-shirts (included in your tuition) will be given out Saturday morning and will be worn at the concert.

SATURDAY, July 13th ALL campers must have their suitcases packed and the cabins must be cleaned before the concert.

**CONCERT - 10:30 a.m. on Saturday**

Lunch following the concert (approximately 12:00). Families and friends wishing to eat are welcome. Please tell us at registration if you plan to eat lunch and, if possible, prepay at that time.

METHODIST CAMP EMERGENCY PHONE NUMBER – 406- 844-3483

METHODIST CAMP ADDRESS – 21339 METHODIST CAMP RD., ROLLINS, MT 59931 Care packages and other camper mail should be sent to the above address, and not the Music Camp PO Box.

We are looking forward to seeing you and we know that we are going to have a great music camp! If you have any questions please write or call: Flathead Lake Music Camp P.O. Box 8834 Kalispell, MT 59904 406-212-3939 flatheadlakemusiccamp@gmail.com

## FLATHEAD LAKE MUSIC CAMP GUIDELINES OF CONDUCT

Each student is expected to strive to take full advantage of their educational opportunities and to do his/her best in all areas of camp life. Each student has the right to an education in an orderly, safe and sanitary atmosphere and is expected to contribute to his/her environment by meeting the following responsibilities:

1. Respect and work cooperatively with his/her fellow students and camp staff.
2. Be punctual at all camp activities.
3. Respond positively and promptly to direction by faculty or staff members.
4. Refrain from fighting or other abusive behavior directed toward any student, faculty or staff member.
5. Refrain from the use of profanity or vulgarity.
6. Avoid encouraging or assisting another student to take action which would subject a student to suspension or expulsion.
7. Refrain from possession or use of explosives, dangerous chemicals or weapons on the camp grounds or at a camp activity or function.
8. Refrain from damage to or theft of personal property.
9. Refrain from unauthorized entry into or misuse of camp property.
10. Be financially responsible, with student's parent or guardian, for willful damage or destruction of camp property.
11. Refrain from the use of tobacco on camp premises and at camp functions.
12. Refrain from the use or possession of alcohol, dangerous drugs or narcotics on camp property or at a camp function.
13. Avoid disruption of the educational process or other camp functions.

At the Camp Director's discretion, infraction of the above rules may constitute the individual(s) being sent home immediately at the parent's or guardian's expense.

I have read the information and guidelines pertaining to Flathead Lake Music Camp and agree to abide by these guidelines and understand the actions that will occur for infraction of these guidelines.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Print Student Name \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Flathead Lake Music Camp Photo Release Form

Flathead Lake Music Camp, PO Box 8834, Kalispell, MT 59904

Permission to Use Photograph

Subject: Flathead Lake Music Camp

Location: United Methodist Camp, Rollins, MT

I grant to Flathead Lake Music Camp, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Flathead Lake Music Camp, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Flathead Lake Music Camp may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ (if under age 18)

## Flathead Lake Music Camp

### Campers' Health History Form

Students must have this form completed and on file upon arrival at camp.

*PLEASE PRINT LEGIBLY*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Custodial Parent(s) \_\_\_\_\_ Phone \_\_\_\_\_  
(If different from above)

Address of Custodial Parent if different from above \_\_\_\_\_

Emergency Contact Person (other than parent) \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

Name and Telephone Number of Physician or Health Care Facility \_\_\_\_\_

Is camper covered by medical insurance? (Y/N) \_\_\_\_\_ If so, please complete information below.

Insurance Company \_\_\_\_\_ Plan # \_\_\_\_\_ Grp. # \_\_\_\_\_

Address of Insurance Co. \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by the camp director to order x-rays and routine tests, to authorize treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also understand that Flathead Lake Music Camp provides only first aid treatment on site. Any religious objections to medical treatment must be written out, signed and attached to this form.

X SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**ZERO TOLERANCE POLICY:** I accept the responsibility of adhering to the rules and regulations of the FLATHEAD LAKE MUSIC CAMP. I further understand that FLMC follows a "Zero Tolerance" policy with regard to alcohol, drugs, tobacco or disruptive behavior. I understand that failure to abide by the rules and regulations will result in dismissal with no refund.

X SIGNATURE OF CAMPER \_\_\_\_\_

X SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Name of Person with Insurance \_\_\_\_\_

MAIL COMPLETED FORM TO THE ADDRESS BELOW, OR BRING TO REGISTRATION  
*This completed, signed form MUST be on file to attend camp.*

CAMPER NAME \_\_\_\_\_

Check any that apply. Give approximate dates, if appropriate.

**HEALTH HISTORY/PAST MEDICAL TREATMENT**

- \_\_\_\_\_ Frequent Ear Infections
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Heart Defect/Disease
- \_\_\_\_\_ Measles
- \_\_\_\_\_ Convulsions (seizures)
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Bleeding/Clotting Disorders
- \_\_\_\_\_ Hepatitis A, B, or C (please specify)
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Depression
- \_\_\_\_\_ ADD/ADHD
- \_\_\_\_\_ Tuberculosis
- \_\_\_\_\_ Eating Disorder
- \_\_\_\_\_ Other (please specify)

Operations or serious injuries (give dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES**

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Plants or Algae
- \_\_\_\_\_ Insect Stings

Drugs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe allergic reaction & management of the reaction(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Recent illness, injury, disability, or communicable disease \_\_\_\_\_

2. Chronic or recurring illness or medical condition \_\_\_\_\_

3. Please list all medications brought to camp, including over-the-counter drugs taken routinely.

**Be sure to bring enough medication to last the entire time at camp.** (Attach separate sheet if needed)

|          |              |                                     |
|----------|--------------|-------------------------------------|
| 1. _____ | Dosage _____ | Specific times taken each day _____ |
| 2. _____ | Dosage _____ | Specific times taken each day _____ |
| 3. _____ | Dosage _____ | Specific times taken each day _____ |
| 4. _____ | Dosage _____ | Specific times taken each day _____ |
| 5. _____ | Dosage _____ | Specific times taken each day _____ |

4. Please list any current or ongoing treatments \_\_\_\_\_

5. Activities encouraged or limited by physician \_\_\_\_\_

6. Dietary restrictions including food allergies \_\_\_\_\_

7. Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

|                             |
|-----------------------------|
| For Office Use Only:        |
| Medications Collected _____ |
| (initial)                   |