



Flathead Lake Music Camp, Inc.

P.O. Box 8834

Kalispell, MT 59904

406-212-3939

flatheadlakemusiccamp@gmail.com

www.flatheadlakemusiccamp.org

June 2017

Dear Camper,

Thank you for being a part of the Junior 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, Tooth Paste
- 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

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 CELLPHONES: 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 Camp Ground, 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.

- REGISTRATION: Registration – Sunday, July 16th – 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 should be paid at time of registration.**

This is the registration packet. Please make sure that ALL of the information in the Registration Packet is complete. **PLEASE BRING THIS PACKET WITH YOU TO CAMP - YOU WILL NEED IT TO REGISTER!** 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 registration. Fee: \$20.00 per lesson (a maximum of two per instrument). *All students are encouraged to take private lessons (as time and availability allow).* 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 Camp Grounds. The ONLY exception being over the counter and prescription drugs.
- ALCOHOLIC BEVERAGES are NOT allowed on the Camp Grounds.
- 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 Camp Grounds up to two hours to pick up or deliver campers with out being charged the day use fee. This fee is waived on Saturday, July 25th. PRESCRIPTION AND OVER-THE-COUNTER DRUGS are to be turned in to 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 22nd

- ALL campers must have their suitcases packed and the cabins must be cleaned before the concert.
- CONCERT – 10:30 a.m.
- Lunch following the concert (approximately 11:45). 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

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)



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.
14. 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

Date Parent or Guardian Signature

Print Student Name

Print Parent or Guardian Name

Daytime Phone:
Parent or Guardian Phone Numbers.

Evening Phone:

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 _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)