2018 ISLANDER BAND CAMP
July 16-20, 2018

The Texas A&M University-Corpus Christi Islander Band Camp offers middle school, junior high and high school students the opportunity to come to the "Island University" for a week of music and fun. The camp is open to all students with at least one year of experience on a woodwind, brass, or percussion instrument. Students will experience music-making with TAMUCC faculty and outstanding area music artists and educators. Classes will consist of group lessons, sectionals, full ensemble rehearsals, and basic music theory. Students will also enjoy activities each day, including recreational events and recitals. Students will be divided by age group—High School or Junior High/Middle School.

<table>
<thead>
<tr>
<th>Cost, Deadlines, Deposit, and Refund Policy</th>
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<tbody>
<tr>
<td>Commuter Camper: $300.00 (tuition only)</td>
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<tr>
<td>Camp Concert CD: $20.00 (Optional)</td>
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</tbody>
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All-State Scholarship: $250.00 (Must show proof)  All-Area Scholarship: $100.00 (Must show proof)
Double Reed (oboe/bassoon) Scholarship: $100.00

Campus Parking Permit $25.00 (required for all vehicles planning on parking on campus grounds)
(Contact Elizabeth Cook at 361-825-3756, if you are unsure whether or not you will need this permit)

Resident camper applications must be received by June 29, 2018 and commuter camper applications must be received by July 9, 2018. Applications must be accompanied by a $50 deposit (or the full amount). Please make checks payable to TAMUCC Music Department. If you would like to pay the full amount by credit card, please visit us at cla.tamucc.edu/music to find a link to the TAMUCC Marketplace Mall (https://tpg.tamucc.edu/C20207_ustores/web/).

Refunds, minus the $50.00 deposit, can be made on or before June 29, 2018. No refunds can be made after this date.

Scholarships
High School students that made the All-State bands and participated in the concerts at the TMEA Convention in San Antonio, TX, all receive a $250 scholarship to attend the TAMU-CC Islander Band Camp.

In addition, we offer a $100 band camp scholarship to students that made the All-Area bands.

All double reed students (oboe and bassoon) also receive a $100 scholarship.

For more details and to verify that you qualify for a scholarship, please contact Dr. Brian Shelton.
Resident Campers will be housed two-to-a-room in the Miramar Residence Halls on the Texas A&M-Corpus Christi Campus. Males and females will be housed separately, and will be chaperoned by camp staff at all times. If no roommate preference is given, students will be paired by similar age group. **If a roommate preference is given, both roommates must request each other.** Resident campers will need to bring their own bedding linens, blankets, pillow, bath towel, and toiletries.

All camp meals are included in the Resident Camper fees. **Meals are not included in the Commuter Camper Fees.** Commuters can bring meals with them, or purchase meals at the camp for approximately $10 per meal. All meals will be located in the Campus Dining Hall, a buffet with great food options. Meals will begin with lunch on the first day of camp.

**Camp Auditions**

There is NO audition to be accepted into the camp – ALL students with at least one year of experience on an instrument are welcomed. All Islander Band Camp students will complete a simple and painless audition for band/chair placement. **Auditions will be held on the morning of the first day of camp in the Center for the Arts building.** Students should bring their own audition music, selecting something that will best show off their skills and musicianship. The audition music should be no more than a few minutes long.

**Instruments**

Texas A&M-Corpus Christi cannot provide instruments for campers except for percussion (percussionists should bring sticks and any mallets that they own). Students will need to provide their instrument and all supplies (reeds, valve oil, slide grease, etc.). Please make certain that the instrument is in good working order before you come to camp. Students who do not own an instrument will need to make arrangements with their school to use an instrument at camp.

**Electives**

In addition to daily band rehearsals and sectionals, all students will select one elective in an area of their personal interest. **All students must take an elective.** Elective descriptions follow:

- **Advanced or Intermediate Jazz Band:** For students with some jazz experience. Students will be selected based upon their audition. Non-selected students who choose this elective will be placed in the Jazz Styles and Improvisation class.

- **Beginning Jazz:** An introduction to jazz playing for beginners. Open to all students on any instrument.

- **Conducting:** Basic concepts in conducting including patterns, dynamics, cueing, etc. Great for current and future drum majors and future band directors.

- **Chamber Music:** Performance in small ensembles including duets, trios, quartets, and quintets.

For questions or further information please contact us at: (361) 825-2375 or Brian.Shelton@tamucc.edu
2018 ISLANDER BAND CAMP APPLICATION

Student Name

Circle one: Male  Female

School Grade (as of Fall 2018)

School  Instrument

Parent/Guardian Name

Mailing Address: Street  City  State  Zip

Home Phone  Cell phone

Email

Junior High/Middle School (entering 7-9 grade)  High School (entering 9-12 grade)

Commuter Camper  $300.00 (includes tuition only)
Resident Camper  $500.00 (includes tuition, room, and breakfast, lunch, and dinner) Camp Concert CD  $20.00 (optional)
Parking Permit  $25.00 (Required for any individual planning on parking on campus) All-State Scholarship  -$250.00
All-Area Scholarship  -$100.00 Double Reed Scholarship  -$100.00

Total cost

Resident Campers: Roommate preference (Please list the name of the camper your student would like to room with. This is not required. Boys and girls cannot room together.)

Select your elective. Please number the electives in order of your preference (1-4; 1 = first choice)

Advanced/Intermediate Jazz Band (by audition)  Conducting
Beginning Jazz (all instruments welcome)  Chamber Music

Please check this box if you have already paid by credit card online

Send Application, Medical Emergency Information form, Waiver/Consent to Participate form, and $50 deposit (or full amount) to:

Islander Band Camp
6300 Ocean Dr., Unit 5720
Corpus Christi, TX 78412

Please make checks payable to: TAMUCC Music Department
I, ______________________, age ____, desire to participate voluntarily in all activities of the __________________________ (“Activity”), which is sponsored or conducted by or under the auspices of ___________________________ (“Sponsor”), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

**HOLD HARMLESS, INDEMNITY AND RELEASE:**

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-parties as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

**NO INSURANCE:**

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

**MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:**

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, I hereby give my consent for any medical treatment, rescue or evacuation services that may be required (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. I, for myself, my heirs, personal representatives or assigns, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. I, for myself, my heirs, personal representatives or assigns, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or
concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

**VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:**

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.**

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this _______ day of ______________, 20__.

Participant Signature: ________________________________________________

Printed Name: _______________________________________________________

Participant’s Date of Birth: ____________________________________________

Parent or Legal Guardian Signature: ____________________________________

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: ________________________________

(If Participant is under 18 years old)

TAMUS-OGC-Approved 8/2011
Participant Emergency Contact Information:

<table>
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<tr>
<th>Participant Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone:</td>
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| UIN or Drivers License #  |

| Student __ Fac/Staff __ Dependent __ General Public __ |

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<tr>
<th>Emergency Contact Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone:</td>
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<tr>
<td>Alternate Phone:</td>
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<td>Relationship to Participant:</td>
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Talent Release

1. I authorize Texas A&M University-Corpus Christi and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M-Corpus Christi will own these recordings.

2. I irrevocably authorize Texas A&M-Corpus Christi and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.

3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.

4. I release Texas A&M-Corpus Christi, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faculty mechanical reproductions.

5. I understand that I will not be compensated for any use of these recordings.

6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

______________________________________________   ________________________
Signature        Date

______________________________________________   ________________________
Printed Name

______________________________________________
Permanent Address

If under age 18, a parent or guardian must complete the following:

______________________________________________   ________________________
Parent/Guardian Signature       Date

______________________________________________
Parent/Guardian Printed Name

______________________________________________
Relationship

______________________________________________
Parent/Guardian Address