The Texas A&M University-Corpus Christi Sound Waves for Singers offers high school students the opportunity to come to the "Island University" for a week of music study and fun. Camp will take place from 9a-6p in the Center for the Arts and Performing Arts Center buildings on the TAMU-CC main Campus.

All students will receive a Private Voice, Acting for Singers, Foreign Language Diction, College Audition Workshop, Vocal Health Class, Sight-Singing Practice, All State Music preparation, fun social activities and more! Work with the excellent TAMUCC voice and choral faculty, as well as guest artists and directors. We are pleased to now also include pianists in Sound Waves. Our piano and theory faculty will be participating, and will offer Music Theory and Class Piano. Celebrate the closing of camp week by performing in the TAMU-CC state of the art Performing Arts Center. The full Sound Waves choir, Acting for Singers classes, and winners of the Solo Competition will be featured in this Final Concert!

Cost, Deadlines, Deposit, and Refund Policy

<table>
<thead>
<tr>
<th>Cost</th>
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<tbody>
<tr>
<td>Commuter Camper:</td>
<td>$300.00 (tuition only)</td>
</tr>
<tr>
<td>Resident Camper:</td>
<td>$500.00 (Room, meals, tuition)</td>
</tr>
<tr>
<td>Camp Concert CD:</td>
<td>$20.00 (Optional)</td>
</tr>
<tr>
<td>All-State Scholarship</td>
<td>$250.00 (Must show proof)</td>
</tr>
<tr>
<td>All-Area Scholarship</td>
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</tbody>
</table>

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

Resident camper applications must be received by May 19, 2017 and commuter camper applications must be received by May 29, 2017. 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.

Refunds, minus the $50.00 deposit, can be made on or before May 19, 2017. No refunds can be made after May 19, 2017.

Scholarships

All-State Scholarships: Any high school student that was a member of a 2017 TMEA or ATSSB All-State Band will receive a $250.00 camp scholarship. Any student that advanced to All-Area will receive a $100.00 camp scholarship. To receive these scholarships a student must send proof of membership (copy of the All-State program with their name highlighted or a letter from their band director) with their registration materials. You may only receive one of these scholarships based on the highest level you achieved.
On-Campus Housing and Meals

Resident Campers will be housed two-to-a-room in the Camden-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. Coin-operated laundry facilities are available in the residence halls. Campers will need to bring their own laundry detergent.

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 $6 to $8 per meal. All meals will be located in the University Center Commons, and there will be a number of 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 Islander Sound Waves Camp students must have one year choral or private lesson experience. 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.

For questions or further information please contact us at: (361) 825-3943 or Hope.Thacker@tamucc.edu
2017 ISLANDER SOUND WAVES CAMP APPLICATION

Student Name ____________________________________________

Circle one:  Male  Female  School Grade (as of Fall 2017) __________________________

School __________________________________________ Voice Part __________________________

Parent/Guardian Name ______________________________________________________________

Mailing Address: Street __________________________________________

City __________________________________ State__________ Zip ________________

Home Phone ________________________ Cell phone __________________________

Email ________________________________

To which camp are you applying? (Students entering 9th grade may choose junior high camp or high school camp, but the ultimate decision will be made by camp faculty at the camp auditions)

☐ 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

Total cost_________________

Resident Campers: Roommate preference______________________________

☐ 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 Sound Waves Camp
6300 Ocean Dr., Unit 5720
Corpus Christi, TX 78412

Please make checks payable to: TAMUCC Music Department
Texas A&M University-Corpus Christi
Youth Program
Medical Emergency Information/Consent for Treatment

Youth’s name: _________________________________________________________________
Address:______________________________________________________________________
Social security number: ________________________ Date of birth: ___________
Parent/guardian phone: Home___________ Work _______________ Pager/Cellular _________

**Medical Information**
Allergies:______________________________________________________________________
Current medications:_____________________________________________________________
Chronic illnesses: _______________________________________________________________
Date of last tetanus booster: ________________________________
Physician: ___________________________ Physician telephone number: ______________

**Insurance Information**
Does youth have health insurance?  No _____ Yes____
Medical insurance company: ___________________________ Tel. no. _____________________
Group number/ID number: _____________________ Name of insured: _______________________

**Person(s) to Notify in Case of Emergency:**
Name: ______________________________________
Relationship:_________________________
Street Address: ______________________________________________________________
Phone: Day___________ Evening ______________ Pager/Cellular ____________

Second contact (if first person unavailable)
Name: ______________________________________
Relationship:_________________________
Phone: Day___________ Evening ______________ Pager/Cellular ____________

**Consent for Medical Treatment:**
The attending physician, appropriate staff, Texas A&M University-Corpus Christi, the Texas A&M University System, their Board of Regents, officers, employees, representatives and/or agents, and their heirs, successors, and assigns, shall not be responsible in any way for any consequence from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Texas A&M University-Corpus Christi does not carry medical insurance for participants in any of its programs. It is recommended that you have appropriate medical coverage for your child.

I, as parent/legal guardian, grant permission for my child, _____________________________ to receive medical treatment.

_________________________________ ______________________________
Signature of parent/legal guardian Date
1. EXCLUSORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Islander Band Camp (herein referred to as “activity”), which is sponsored by Texas A&M-Corpus Christi (herein referred to as “sponsor”), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) 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 participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, 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.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to swimming, games, rehearsals and sectionals, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless 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-persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy (or limited insurance policies) covering any circumstance arising from my participation in this 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 ALL claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so 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.

4. BINDS HEIRS. 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.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, 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.
6. VOLUNTARY SIGNATURE. 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, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. For students going on fieldtrips 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 this activity I still desire to voluntarily engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

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)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (bolded, underlined, and italicized) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 08/29/2006