

# MYS Philharmonic Orchestra Retreat

Saturday September 14 & Sunday September 15, 2019  
YMCA Camp St. Croix



Please complete and return this **Retreat Registration Form** and the **\$115 retreat fee by August 30, 2019.**

The retreat fee covers the complete cost of the weekend, including transportation, food and lodging.

Mail the form with a check payable to "MYS," or pay online at [www.mnyouthsymphonies.org](http://www.mnyouthsymphonies.org).

**ARRIVAL TIME (Camp St. Croix): Saturday, September 14<sup>th</sup> at 10 am**

**PICK UP TIME (Camp St. Croix): Sunday, September 15<sup>th</sup> at 3 pm**

The Philharmonic Retreat is held at **YMCA Camp St. Croix, 532 County Rd F, Hudson, WI 54016.** The camp is located just 20 minutes east of the Twin Cities. MYS retreats provide the opportunity to meet new friends and bond as an orchestra, get a head start on the season's repertoire, and have fun making music in a rural, relaxed setting!

**Attendance Policy:** It is expected that all MYS students participate in the retreat. If you have a conflict with the retreat, you must contact the MYS office immediately. Please note that missing any portion of a retreat day is counted as one full absence for the trimester.

**Missing both days of the retreat counts as two full absences.**



**Transportation:** Students will need to be dropped off and picked up by parents. MYS student directories are available so that families can conveniently arrange carpooling with other MYS families. Please contact the MYS office with questions regarding drop off or carpooling.

**Activities:** Students should expect to spend most of their time in rehearsals, which may include sectionals and sight-reading. Retreats may also include activities with special guests on topics which teach musical concepts or relate to the repertoire. Students will also have opportunities to participate in other organized activities, which may include bonfires, nature hikes, and pick-up games of soccer, basketball or frisbee during free time.

**Camp Facilities:** Students will be sleeping in heated cabins on bunk beds. All cabin assignments will be made by MYS staff, and all cabins will be assigned an adult chaperone. Central bathroom and shower facilities are available. This is a rustic YMCA camp, so students should come prepared for rainy or chilly weather.

**What to Bring to Camp:** Instrument, music folder, music stand, pencil, clothespins (for outdoor rehearsals), jacket, casual warm clothes, pajamas, sleeping bag, pillow, towels, toiletries, flash light and mosquito repellent. Optional items may include cards and board games. To avoid lost or stolen items, please leave any unnecessary/valuable belongings at home.

***Parent chaperones play a vital role in the weekend events, assisting conductors, YMCA and MYS staff with rehearsals, meals, cabin supervision and outdoor activities. If you are interested in serving as a chaperone, contact Communications Coordinator Emily Bradt at 651-699-5811 or [volunteer@mnyouthsymphonies.org](mailto:volunteer@mnyouthsymphonies.org).***

**Chaperones are assigned on a first come, first served basis.**

# - Philharmonic Retreat Registration Form -

Please complete and return with \$115 retreat fee by Friday, August 30, 2019.

Mail to: MYS, 790 Cleveland Ave S, Suite 203, St. Paul, MN 55116

(PLEASE PRINT)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Instrument: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contacts

In an emergency, if no parent or guardian is available, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Provider Information

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last DPT/tetanus shot: \_\_\_\_\_

Does the student have any medical conditions, dietary limitations and restrictions, allergies? Yes No

If yes, please explain:

Is the student currently taking any medications? Yes No

If yes, please list and provide any additional details:

## Insurance Information

Is the student covered by family medical or hospital insurance? Yes No

Please indicate the carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Insurance ID # or Social Security # of Policy Holder: \_\_\_\_\_

## Waiver and Release

*I recognize that the Minnesota Youth Symphonies are not carriers and assume no responsibility for transportation or meeting schedules. I have read the itinerary and schedule of activities for this event and recognize and accept all risks thereof. I hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators and assigns to release and hold harmless the Minnesota Youth Symphonies and its officers, agents, licensees and representatives from any and all liability for delays, injuries, illness or death, or for the loss of or damage to my property, occurring during any portion of, or in relation to, this program.*

*Minnesota Youth Symphonies reserves the right to restrict or suspend a student's participation in this retreat if they do not conduct themselves properly, meeting the standards of behavior set forth in the Code of Conduct, the MYS handbook, the music directors and the administration. No alcohol, drugs or tobacco are allowed at any time. Parents may be asked to retrieve their child(ren) from the retreat at their own expense if substantial misconduct occurs. No refunds will be made to a student suspended for misconduct.*

## Release for Emergency Care

*I hereby give permission to camp and/or MYS personnel to provide routine health care for the student. In the case of a life or death emergency, I hereby give permission to the physician/facility selected by the camp and/or MYS personnel to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the participant in the event that the participant cannot make the decision on his or her own. The camp and/or MYS personnel shall be relieved of any responsibility. I understand that I am responsible for all expenses associated with the above medical treatment.*

Parent(s)/Guardian(s) Signature(s)

Date:

Student Signature

Date: