

String Orchestra Retreat

Saturday, September 28, 2019

Drop off at 8:30am and Pick up at 3:00pm

Dayton's Bluff Recreation Center, 800 Conway, St. Paul



Students are responsible for getting to and from the retreat location. There will be an MYS volunteer or staff member greeting students at the door and showing them to the auditorium.

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

The retreat will include full rehearsals, sectionals with Minnesota Orchestra members, 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 activities designed to help them get to know each other better. Lunch will be provided.

What to bring: Instrument, music folder, music stand and a pencil with a good eraser.

Parent volunteers needed: If you are interested in volunteering for any part of the String Orchestra retreat, please contact Emily Bradt at 651-699-5811 or volunteer@mnyouthsymphonies.org for more information.

Directions to Dayton's Bluff:

From the West:

I-94 east: Take LEFT exit MOUNDS BLVD onto 6TH ST E; Turn RIGHT on MAPLE ST; Continue on to 800 CONWAY ST and Dayton's Bluff Recreation Center will be on the right.

From the East:

I-94 west: Take exit #243/US-61 onto MOUNDS BLVD NORTH toward KELLOGG BLVD; Turn RIGHT on 3RD ST E; Turn RIGHT on MAPLE ST; Continue on to 800 CONWAY ST and Dayton's Bluff Recreation Center will be on the right.

Please complete, sign and return with the \$45 retreat fee by August 30, 2019.

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

MYS String Orchestra Retreat Permission Form

(Please print.)

Student Name: _____ Grade: _____ Instrument: _____
Parent(s)/Guardian(s): _____ Home Phone: _____ Cell Phone: _____

Emergency Contacts

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

Name: _____ Relation: _____ Phone: _____

Food allergies (list):

List any medical condition we should know about:

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.

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

Date:

Student Signature

Date: