

MYS Symphony Orchestra Retreat

Saturday September 7 & Sunday September 8, 2019

YMCA Camp Pepin



Please complete and return this **Retreat Registration Form by August 30, 2019.**

The Retreat fee is included in the total tuition and fees of \$895 and payment is due on 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.

DEPARTURE TIME (Highland Middle School): Saturday, September 7th at 12:30 pm*

**Students will attend regular Symphony Orchestra rehearsal from 8:45-11:45am at Highland Park Middle School.*

A pizza lunch will be provided by MYS prior to loading the buses for the retreat after rehearsal.

Students should bring their overnight retreat items into rehearsal with them that morning.

PICK UP TIME (Highland Middle School): Sunday, September 8th at 4:30 pm

The Symphony Retreat is held at **YMCA Camp Pepin, W10915 E Lake Dr Stockholm, WI 54769**. 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 be transported on coach buses to and from the YMCA Camp Pepin. All buses leave from and return to the Highland Park Jr. High School parking lot (upper lot). Students will be checked in for attendance when they board the buses. Any students who miss the departure time will have to be driven down to YMCA Camp Pepin by parents.

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 at the beach, 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 Communication Coordinator Emily Bradt at 651-699-5811 or volunteer@mnyouthsymphonies.org. Chaperones are assigned on a first come, first served basis.



- Symphony 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: