



Department of Parks & Recreation
Recreation Division
101 Field Point Road - Greenwich, CT 06836-2540
Phone: (203) 618-7649 Email: Recreation@GreenwichCT.org



Music and Art Program

Summer 2017 – 81st Year



DESCRIPTION:

- This morning music program includes daily orchestra and band rehearsals. Harp players are not accepted into the program. There will be three informal laboratory programs on Fridays from 11:00 AM until 12:00 noon. Groups and soloists perform for each other as a learning experience. All students attend these programs; parents and friends are invited to attend as well. **Music Section Requirements are as follows:** Junior Strings and Junior Band – Must have 1 to 3 years of study (private or school). Senior Strings and Senior Band – 4 or more years of study (private or school). **All students must have experience in note reading and sound production.** All conductors reserve the right to move a student from one section to another to ensure compatibility and progress.
- NEW! Beginning Band** will offer daily lessons and supervised practice sessions on flute, oboe, clarinet, bass clarinet, alto saxophone, tenor saxophone, bassoon, French horn, baritone, horn, trombone, and tuba. No experience needed.
- The **art curriculum** includes pen and ink, watercolors, oils, linoleum block, paper mache, etc. No previous experience is necessary, yet students must enjoy art. Only music students will be allowed to enroll in the afternoon art program.

AGES: Students who have completed 3rd grade to 8th grade (June 2017)

SESSIONS: Program runs Monday, June 26 through Friday, July 28 (No Camp July 4)

LOCATION: G.H.S. Performing Arts Center and classrooms

DIRECTOR: John Yoon

REGISTRATION DATES: Early-Bird registration opens Saturday, April 1 online. Online registration is only available to Greenwich residents. To register online go to: www.greenwichct.org/webtrac and select “Activity Registration”. Mail-in registration begins Monday, April 24. Application will be returned if postmarked prior to April 24. In-person registration (at Parks & Recreation Office) begins Thursday, June 1 and is available to both residents and non-residents.

If not yet provided in 2017, residents must provide proof of residency and non-residents must provide identification and proof of address. Resident primary addressee must provide two proofs and any household member 25 years or older must provide one proof for the purchase of passes, activities or tickets. *Proofs may include: residential lease, utility bill (gas, electric, water, oil) credit card bill, bank statement (not mortgage), cable bill, phone bill (not cell) driver’s license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.*

Early Bird Registration:

\$270.00 per session - 1st child

\$250.00 for each additional sibling in same session

Registration June 1st or later:

\$300.00 per session – 1st child

\$280.00 for each additional sibling in same session

\$325.00 each non-Greenwich resident

Make checks payable to “Town of Greenwich”. We accept Visa, MasterCard, and Discover credit cards for resident online registration and at the Town Hall, Parks and Recreation Office. There are NO refunds and we do not pro-rate fees. Requests for credit will only be considered, if received in writing prior to the start of the program. There is a \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks.

ACTIVITY # & SECTION	PROGRAM	LIMIT	TIMES
201001 A1	Morning Art Class	30	9:00 AM to 12:00 noon
201002 A2	Afternoon Art Class (must be in Music to enroll)	60	12:30 PM to 3:30 PM
201003 A3	Senior Band	Unlimited	9:00 AM to 12:00 noon
201003 A4	Junior Band	Unlimited	9:00 AM to 12:00 noon
201003 A5	Senior Strings	Unlimited	9:00 AM to 12:00 noon
201003 A6	Junior Strings	Unlimited	9:00 AM to 12:00 noon
201003 A7	Beginning Band	20	9:00 AM to 12:00 noon

COMMENTS:

- Youth Camp Health Exam Record is required for registration to be complete.**
- All students must supply their own instruments; rental information is available from Recreation.
- Lab Fridays; July 7, 14, and 21, 11:00 AM. Final Concert and Art Show is Wednesday, July 26 at 7:00 PM.
- Students may bring “**peanut free**” snacks for the recreational breaks. **This is a “PEANUT FREE” program.**
- Students enrolled in both the morning music and afternoon art must bring lunch.
- If mailing, send completed application with full payment to address above, “Attention: Music and Art Program”



Program Registration (please print)

Program Name _____ Music and Art Program _____ Activity # _____ Section(s) # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Instrument: _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201__.

Signature of Participant or Parent or Guardian for participants under 18 years of age:

Music and Art Program is administered by the Parks and Recreation Department, which is a municipal department of the Town of Greenwich, and therefore exempt from licensing with the Office of Early Childhood (OEC) of the State of CT.

OFFICE USE ONLY

HH # _____ Check # _____ Receipt # _____ Proof _____ Initials _____

2017

YOUTH CAMP HEALTH EXAM/RECORD

Physical Exams Are Valid for 3 Years from Date of Last Examination

Please Return Completed Form to the Camp

Name _____ D.O.B. _____ HT _____ WT _____
Guardian _____ Phones _____
Address _____
Street Town Zip *Cell Home* Email _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam / /

_____ May participate in all activities.

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? ____ YES ____ NO If yes, indicate names of Medication(s):

Does the individual have allergies? _____ YES _____ NO Explain: _____

Is the individual on a special diet? ☐ YES ☐ NO Explain: _____

Does the individual have special needs? _____ YES _____ NO Explain:_____

This individual is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal Conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____
Street
Town
State
Zip

Signature of Physician, PA, APRN or RN

Date form Signed

Telephone Number