



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



## Music and Art Program *Plus Dance!* Summer 2019 – 83<sup>rd</sup> Year

### DESCRIPTION: MUSIC

- For students who have completed 3<sup>rd</sup> grade (June 2019) through 8<sup>th</sup> grade (includes those entering 9<sup>th</sup> grade).
- The morning music program includes daily orchestra and band rehearsals. Harp and piano players are not accepted into the program. There will be three informal laboratory programs on Fridays from 11:00 a.m. 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.
- **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.
- There is also time for other fun games such as the ever popular Wall Ball!

### DESCRIPTION: ART

- For students who have completed 3<sup>rd</sup> grade (June 2019) through 8<sup>th</sup> grade (includes those entering 9<sup>th</sup> grade).
- The **art curriculum** includes pen and ink, watercolors, oils, linoleum block, paper mache, etc. No previous experience is necessary for the art program; however, students must enjoy art.
- Afternoon Art is only for those enrolled in morning Music.

### NEW AFTERNOON PROGRAM!!

#### DESCRIPTION: DANCE

- Students who have **completed 3<sup>rd</sup> grade (June 2019) through 5<sup>th</sup> grade (includes those entering 6<sup>th</sup> grade).**
- The **Dance program** is designed for dancers of all levels and ages! Every day will include different dance classes including a technique and fundamental class, classical ballet technique, high energy hip hop, choreography in jazz or contemporary style, dance creation and dance history. This program will be a fantastic introduction to dance and various styles or a perfect way to keep up your technique over the summer.
- Afternoon dance is only for those enrolled in Music or morning Art.



**DATES:** Program runs Monday, July 1 through Friday, August 2 (No Camp July 4)

**LOCATION:** Greenwich High School

**DIRECTOR:** John Yoon, GHS Music Teacher and Band Director

ACTIVITY # & SECTION	PROGRAM	CLASS LIMIT	TIMES
201001 A1	Morning Art Class	30	9:00 a.m. to 12:00 noon
201002 M1	Beginning Band	20	9:00 a.m. to 12:00 noon
201002 M2	Junior Band	Unlimited	9:00 a.m. to 12:00 noon
201002 M3	Senior Band	Unlimited	9:00 a.m. to 12:00 noon
201002 M4	Junior Strings	Unlimited	9:00 a.m. to 12:00 noon
201002 M5	Senior Strings	Unlimited	9:00 a.m. to 12:00 noon
201004 D1	Afternoon Dance Class (must be in Music or morning Art to enroll)	20	12:30 p.m. to 3:30 p.m.
201003 A2	Afternoon Art Class (must be in Music to enroll)	60	12:30 p.m. to 3:30 p.m.

**REGISTRATION:**

- Online: **Monday, April 1** - online registration is only available to Greenwich residents. To register online go to: [www.greenwichct.org/webtrac](http://www.greenwichct.org/webtrac) and click on the Parks and Recreation logo.
- Mail-in: **Monday, April 22** - application will be returned if postmarked prior to April 22.
- In-person: **Monday, June 3** at the Parks & Recreation Office. Non-residents may register starting June 3.

**Greenwich residents are required to provide proof of residency once per calendar year for all Parks and Recreation programs.**

The primary family member is required to provide two current proofs of Greenwich residency. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residency.

Acceptable proof documents with resident name, date and Greenwich address are as follows: Residential Lease; Utility bill (Gas, Electric, Water, Oil); Cable, Telephone, or Internet bill (not cell phone); Credit Card or Bank Statement (No Mortgage Statement); Driver's License or DMV CT State ID.

Family members participating in this program who are under 25 years of age, require a copy of their birth certificate, passport, or guardianship on file.

**For non-residents, the primary family member as well as all participating family members who are over 25 years of age must provide identification and proof of address. Non-resident participants under 25 years of age, require a copy of birth certificate, passport or guardianship.**

**FEES: Early Bird Registration through May 31**

- \$280 per session (1<sup>st</sup> child)
- \$260 for each additional sibling in same section

**Registration June 1 or after**

- \$310 per session – 1<sup>st</sup> resident child
- \$290 for each additional sibling in same section
- \$335 each non-Greenwich resident

Make checks payable to "Town of Greenwich". We accept Visa, MasterCard, American Express 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.

If mailing, send completed application with full payment to address above, "Attention: Music and Art Program"

**COMMENTS:**

- Youth Camp Health Exam Record is required for registration to be complete.
- All campers must supply their own instruments; rental information is available from Recreation.
- Lab Fridays: July 12, 19, and 26 at 11:00 a.m. Final Concert and Art Show is Wednesday, July 31 at 7:00 p.m.
- Students may bring "peanut free" snacks for the recreational breaks. **This is a "PEANUT FREE" program.**
- Students enrolled in both a morning and afternoon section must bring lunch.



# 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 \_\_\_\_\_

**For Music Sections - Instrument and # of years played:**

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

***In case of emergency notify the following:***

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

List Physical Restriction(s):  
\_\_\_\_\_

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## 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.*

HH# \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Proof \_\_\_\_\_ Initials \_\_\_\_\_

2019

**YOUTH CAMP HEALTH EXAM/RECORD**

Physical Exams Are Valid for 3 Year  
From Date of Last Examination

**Please Return Completed Form to the Camp**

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

**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 Medications(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*