



Music, Art and Dance Camp Summer 2020 – 84th Year!

DESCRIPTION: MUSIC

- For students who have completed 3rd grade (June 2020) through 8th grade (includes those entering 9th 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 *NEW Morning Young Artist Section!*

- The **art curriculum** includes activities in drawing, painting, collage, crafts and three dimensional experiences. No previous experience is necessary for the art program; however, students must enjoy artmaking and be able to contribute to a positive classroom environment.
- Morning Young Artist: For students who have completed Kindergarten (June 2020) through 3rd grade.**
- Morning Art: For students who have completed 4th grade (June 2020) through 8th grade (includes entering 9th grade).
- Afternoon Art: For students who have completed 3rd grade (June 2020) through 8th grade (includes entering 9th grade). Afternoon Art is only for those enrolled in morning Music.

DESCRIPTION: DANCE

- Students who have **completed 3rd grade (June 2020) through 5th grade (includes those entering 6th 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, June 29 through Friday, July 31 (No Camp July 3)

LOCATION: Greenwich High School

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



ACTIVITY # & SECTION	PROGRAM	CLASS LIMIT	TIMES
201001 A1	Morning Art Class (completed grades 4-8)	30	9:00 a.m. to 12:00 noon
201001 AY	Morning Young Artist Class (completed grades K-3)	20	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 (completed grades 3-5; must be in Music or morning Art to enroll)	20	12:30 p.m. to 3:30 p.m.
201003 A2	Afternoon Art Class (completed grades 3-8; must be in Music to enroll)	60	12:30 p.m. to 3:30 p.m.

REGISTRATION:

- Online: **Wednesday, April 1** - online registration is only available to Greenwich residents. To register online go to: www.greenwichct.gov/webtrac and select "Activities, Passes, Tickets."
- Mail-in: **Wednesday, April 22** - application will be returned if postmarked prior to April 22.
- In-person: **Monday, June 1** at the Parks & Recreation Office. Non-residents may register starting June 1.

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 (1st child)
\$260 for each additional sibling in same activity
(activity means Music, Art or Dance)

Registration June 1 or after

\$310 per session – 1st resident child
\$290 for each additional sibling in same activity
\$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 full credit (100% of fee paid) will be considered prior to June 1. June 1 or after, only half credit (50% of fee paid) will be considered. Once camp begins, the credit will also be pro-rated. There is a \$15.00 administrative fee for credits and a \$25.00 processing fee for returned checks.**

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

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 10, 17, and 24 at 11:00 a.m. Final Concert and Art Show is Wednesday, July 29 at 7:00 p.m.
- Students may bring "nut free" snacks for the recreational breaks. **This is a "NUT FREE" program.**
- Students enrolled in both a morning and afternoon section must bring lunch.

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.



Program Registration (please print)

Program Name Music, Art and Dance Camp 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: _____

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 _____ 202__.

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

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification. The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or alan.barry@greenwichct.org as soon as possible in advance of the event.

Office Use Only

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

2020

YOUTH CAMP HEALTH EXAM/RECORDPhysical 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 _____
Street Town Zip Email _____
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**A new Health Exam Record must be supplied each year.**