



MICHIGAN STATE UNIVERSITY COMMUNITY MUSIC SCHOOL PRESENTS

ROCK CAMP

DETROIT, MICHIGAN - 2014

JUNE 16-19

WEEKDAY CAMP MON-THUR (1:00-5:00 P.M.)

JUNE 20

DRESS REHEARSAL (2:00-3:00 P.M.) AT MSU CMS

JUNE 20

FINAL PERFORMANCE (7:00 P.M.) AT THE MAGIC STICK

(all ages, family friendly event, \$5 tickets) themajesticdetroit.com

TEEN MUSICIANS

from local middle and high schools will join a band, learn the ins and outs of the rock music biz, and prepare for a final concert with The Outer Vibe at The Magic Stick in downtown Detroit.

Students (ages 12-18) with some experience at guitar, bass, drum set, piano, brass, or singing are welcome.

At camp, students will form and work in their own bands based on musical interest and skill level. They will learn songs in preparation for an end-of-camp rock concert on Friday, June 20 at The Magic Stick and participate in workshops such as songwriting, marketing, promotion, sound, and more!

Students who play other instruments or have limited experience should consult with the Community Music School.

TO REGISTER

or to learn more, **call:** CMS Detroit at (313) 578-9716.
email: cmsd@msu.edu **or** visit: cms.msu.edu/detroit
or theoutervibe.com/rockcamp

COST \$200



TAUGHT BY

THE OUTER VIBE



MICHIGAN STATE
UNIVERSITY

Community
Music
School

THE
OUTER
VIBE



**ROCK CAMP
APPLICATION FORM
June 16 - 20, 2014**

MICHIGAN STATE
UNIVERSITY

Requirements: To participate in this **non-residential** day camp, students must have performed in a school instrumental program or studied privately for one school year. If experience is less, a music teacher's signature is required. **Please print or type.**

Date: _____ Instrument: _____ Birthdate: ____/____/____ Age: _____

Name: _____ Sex: M F Grade: _____
Last, First, Middle (Fall 2014)

Street Address _____ City _____ Zip _____

School Attending Fall 2013 _____

Parent's Name _____ Telephone number _____ E-mail _____

Camp Fee: \$200.00 \$ _____

T-shirt: (included in camp fee) **ADULT size: S M L XL (circle)**

Please note: we cannot exchange sizes at a later date.

TOTAL CAMP FEES (checks, cash or credit cards accepted): \$ _____

Deposit: **A nonrefundable deposit of \$20.00 must accompany this application.** (Deposit will be used toward camp tuition.) **After June 10, 2014, there will be no refunds except in the event of illness.** If your application is declined due to instrumentation limitations, you will receive a full refund.

Deadline: **Application and payment deadline for camp is June 10, 2014.** Students may not be allowed to attend camp if full payment has not been received by this deadline.

How did you hear about us? _____

Refer a friend: If campers refer a friend who did not attend camp last year and the friend registers, the camper who made the referral will receive a \$25 CMS gift certificate.

If you were referred to camp by a friend, write the name of the camper who referred you here:

Emergency Information: Registration is not complete until the Authorization for Purposes of Medical Treatment form is signed and the information below is provided indicating the telephone number and parent or guardian who may be reached in case of emergency.

Name _____ Telephone (home or cell) _____ (work) _____

Recommendation: I recommend the applicant for the Rock Camp:

Signature of school music or private teacher _____ Phone _____ School _____

A check in the amount of _____ accompanies this application. Make checks payable to Michigan State University.

Credit card number _____ Expiration date _____

Card holder's name (please print) _____

Card holder's signature _____ Amount approved to charge _____

SEND APPLICATION TO: ROCK Camp; Community Music School Detroit; 3408 Woodward Avenue, Detroit, MI 48201
Phone: (313) 578-9716

THIS FORM MAY BE DUPLICATED

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: _____
Date: _____
County: _____

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU CMS are sometimes photographed and videotaped for use in MSU CMS promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) _____

Signature _____

(Parent or guardian must sign here if subject is under age 18.)

Date _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name _____

Birth date _____ Phone (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

Does the participant have any chronic health problem or illness? _____

Does he or she have any acute illness now? _____

Has the person been treated recently for some medical problem? _____

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics? _____

Does he or she have any allergies? _____

Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program, medical

treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CMS staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Daytime phone (_____) _____

Evening phone (_____) _____