

Tri-City Youth Symphony

Invites You To

SYMPHONIC ADVENTURES



**AT
CAMP COMECA**

September 11, 12 & 13, 2009

www.kpsorchestra.org

Conductor for the High School String Orchestra:

Mr. Barry Ford

Conductor for the Middle School String Orchestra:

Mrs. Christa Speed

Barry Ford received his Bachelor of Music in Education degree from Northwestern University and his Master of Music degree from the University of Missouri - Columbia. He currently teaches music appreciation, composition and theory and also directs Jazz II, Hockey Band and the Trumpet Ensemble.

Before joining the faculty at the University of Nebraska at Omaha in 2004, Ford served as Professor of Trumpet at the State University of Pará and the Carlos Gomes Conservatory, as well as conductor of the Orquestra Sinfônica do Teatro da Paz and the Amazônia Jazz Band in Belém, Brazil.

Christa Speed received a Bachelor of Music Education from the University of Nebraska at Kearney and a Master of Music degree from the University of Nebraska at Omaha. Speed is a string teacher for the Grand Island Public Schools, is the principal cellist for the Hastings Symphony Orchestra and is a member of the Hastings Symphony String Quartet.

Symphonic Adventures

Imagine, a three-day vacation from life that would include thrilling music and a chance to play with a full orchestra. Well, don't imagine any more! The Tri-City Youth Symphony (TCYS) "**Symphonic Adventures**" promises to be an unforgettable musical experience for the High School and Middle School Student! The weekend will be filled with fun! **Camp Comeca**, just south of **Cozad, Nebraska** will offer a unique and exciting environment in which student musicians can expand their musical horizons. Any **High school** or **Middle school** string player is eligible to enroll for a string orchestra experience. In addition to a weekend of great music making, Camp Comeca is the ideal location to participate in such activities as **swimming in the Olympic sized swimming pool, basketball, volleyball, ping pong, campfire and a movie / game night**. The weekend will conclude with a final concert in the Merryman Performing Arts Center in Kearney. A bus is being provided for student transportation from Camp Comeca to Kearney for the final TCYS Symphonic Adventures concert.

Come Join The FUN!!

Itinerary

Friday, September 11

7:15-8:00 p.m. Registration
 8:00-9:30 Rehearsal
 9:30-11:00 Campfire & Activities
 11:00 Lights out

Saturday, September 12

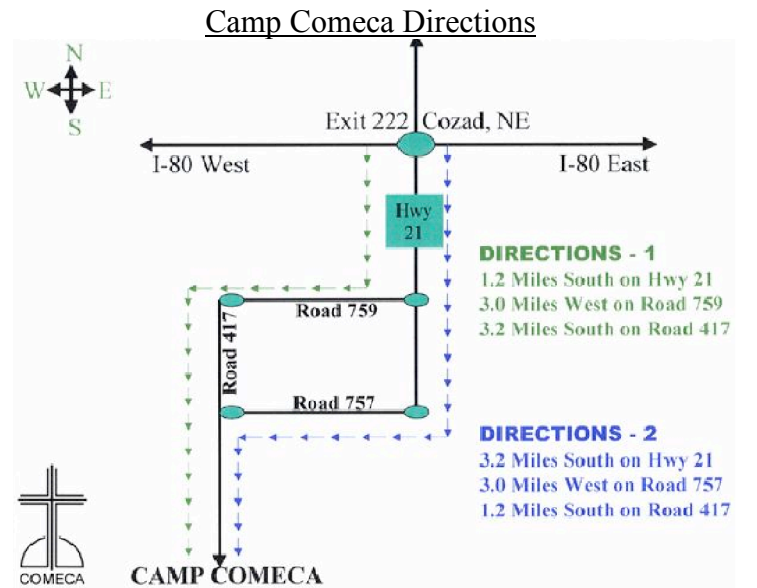
7:30-8:30 Breakfast
 8:30-10:00 Rehearsal/Sectionals
 10:00-10:30 Break
 10:30-11:45 Rehearsal/Sectionals
 12:00-3:00 Lunch/Activities
 3:30-5:00 Rehearsal
 5:00-6:30 Dinner
 6:30-7:30 Rehearsal
 8:00-10:30 Movie Night
 11:00 Lights out

Sunday, September 13

7:30-8:30 Breakfast
 8:30-9:30 Rehearsal
 9:30-10:00 Depart for Kearney
 11:30-1:00 Rehearsal on Stage (Lunch provided)
 1:30 Final concert in Kearney Merryman
 Performing Arts Center
 *Parents pick up students following concert at
 Kearney Merryman Performing Arts Center

The Necessities

- Sleeping bag & pillow
- Towels
- Swimsuit
- Jacket
- Insect Repellant
- INSTRUMENT
- Folding music stand
- Concert Attire - Jeans,
 Concert t-shirt provided
- Flashlight
- Toiletries
- Casual clothing (follow school dress code)



I have requested Camp Comeca and Tri-City Youth Symphony to allow me/my child _____ to participate in camp activities. A condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my participation in this activity can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, and acknowledging the possible harm that may result, I hereby release and discharge United Methodist Camp Comeca, its officers, agents, and employees and Tri-City Youth Symphony, its board of directors, officers and staff from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity. TCYS is not responsible for lost or stolen articles.

Signature of parent/guardian _____ date _____

A bus is being provided for student transportation from Camp Comeca to Kearney for the final TCYS Symphonic Adventures concert.

TRANSPORTATION WAIVER

If you want your student to drive or ride from Camp Comeca to the Kearney concert using any transportation other than the provided bus, you must sign this waiver. I, _____, do hereby

(parent/guardian) consent to allowing _____, (student)

to travel using his/her own transportation from Camp Comeca to Kearney, for the TCYS Symphonic Adventures final concert. I hereby release Tri City Youth Symphony, its board and directors, from any obligation or liability to transport the student.

Signature of parent/guardian _____ date _____

www.kpsorchestra.org

(for additional forms: click orchestra; click tri-city youth symphony)

Registration Form

General Registration

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____

Email _____

Grade in School _____ Instrument _____

T-Shirt Size, circle one: S M L XL XXL

Parent's Names _____

Parent Signature _____

Parent's e-mail _____

Cost for TCYS Symphonic Adventures is \$120. This includes costs for meals, activities, boarding costs, t-shirt and bus transportation to final concert.

If payment is received before Sept. 1, the cost is \$110.
Payment is non-refundable.

Please make check payable to TCYS.

Send registration forms and payment to:

Annette Wozniak
4007 Fairacres Rd
Kearney, Ne 68845

For further information contact:

Dave Klein: 308-237-5999
dave.klein@kearneypublic.org
Christa Speed: 308-381-0664
cspeed@gips.org

Medical Form Waiver

I hereby give permission for

 (Last name) (First name)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for treatment or insurance purposes or required by HIPPA; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of
 Parent/guardian _____ Date _____

Address of parent:

Address _____

City _____ State _____

Zip _____

Home phone _____ Business phone _____

Primary Emergency phone _____

Name of Contact _____

Relationship to Camper _____

Secondary Emergency phone _____

Name of Contact _____

Relationship to Camper _____

Secondary Phone (____) _____ - _____ Cell (____) _____ - _____

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Medical Information Concerning Camper:

Birth date \_\_\_/\_\_\_/\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_

Medical insurance  
 company \_\_\_\_\_

Policy  
 number \_\_\_\_\_

Registrant's Doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Doctor's phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- 1) Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? \_\_\_\_\_ If so, what? \_\_\_\_\_
- 2) Is there a history of heart pathology requiring restricted activity? \_\_\_\_\_ If so, what? \_\_\_\_\_
- 3) Is this person subject to any skin disease? \_\_\_ If so, what? \_\_\_\_\_
- 4) List allergies to drugs, medications, or food: \_\_\_\_\_
- 5) Has there been recent illness, or exposure to contagious disease? \_\_\_\_\_ If so, what? \_\_\_\_\_
- 6) Is this person subject to fainting? \_\_\_\_\_ Convulsive seizures? \_\_\_\_\_ Is she/he diabetic? \_\_\_\_\_ Nose bleeds? \_\_\_\_\_
- 7) Are there any limitations of activity? Yes No  
 If so, what? \_\_\_\_\_
- 8) Is there any drug or medication to be taken regularly? \_\_\_\_\_
- 9) Please specify the dates of immunizations including tetanus shots. \_\_\_\_\_
- 10) I give my permission to give my child the following over the counter medications:  
 \_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Cough Drops \_\_\_ Tums \_\_\_ Benadryl  
 \_\_\_ Other \_\_\_\_\_
- 11) Enter any other pertinent information that we need to know to treat or provide proper care. \_\_\_\_\_