

SUMMER CELLO WORKSHOP

July 22-26, 2024
9:00am – 4:00pm

Saturday, July 27 Cello Extravaganza Concert
10:00am Dress Rehearsal, 2:00pm Concert



The Summer Cello Workshop (SCW) began in 2017 and offers cellists from 12-18 yrs. of age an intensive summer musical experience. Private lessons, chamber ensembles and cello orchestra round out the week-long day camp, culminating in a performance by the chamber ensembles and the full cello orchestra. Each student will receive one private lesson, and may participate in a Master Class at the end of the week.

STUDENT INFORMATION:

Student Name Date of Birth

Mailing Address City Zip Code

Preferred Phone School Grade (in Fall 2024)

Years of Cello Study Current Private Teacher Name (if applicable)

Current Private Teacher Email Address Current Private Teacher Phone Number

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name

Home Phone Cell Phone

Email Address

VIDEO SUBMISSION:

In addition to this registration, all students must submit a placement video. This video will be used to group students by playing level and will determine their spot in Cello Orchestra. All submissions should be addressed and emailed to Lucy Cahuantzi, Director. Informal cell phone video submissions are acceptable. Submissions are due at time of registration. Submit videos to cahuantzi.luz@gmail.com.

Video Requirements:

- Any current solo piece
- Any major or minor scale

Repertoire Information: List current solo repertoire or orchestra pieces you have been working on.

REGISTRATION DEADLINE: JULY 1, 2024 (RECEIVED OR POSTMARKED)

TUITION:

Total Tuition for the Workshop: \$495 per student.

Full payment is due upon registration.

Early Bird Registration: \$445 per student (registration and payment must be received by June 15, 2024).

Payment Method: (please select one)

Check enclosed (payable to CSMA) Check # _____ Check amount _____

Credit Card * (payments may be made by phone if preferred: 909.748.8844)

Credit Card # _____ Expiration _____ / _____

Security Code _____ Signature _____

MEDICAL INFORMATION AND RELEASE FORM FOR MINORS:

Student Name _____ Gender _____ Date of Birth _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Phone (primary) _____ Emergency Contact Phone (secondary) _____

Emergency Contact Email _____

Address _____ City _____ State _____ Zip Code _____

If you have accommodation needs, please disclose the necessary information below so that a plan to address those needs can be determined and implemented during the Summer Cello Workshop:

Health Insurance: * PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD *

Name of Carrier _____ Policy Number _____

My child has permission to attend the University of Redlands Summer Cello Workshop. I fully realize that injury or illness to my child may result from or during participation in the program. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the Summer Cello Workshop and/or university representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in

accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child at the University of Redlands Health Center, at a local hospital, or elsewhere.

Parent/Guardian Signature

Date

CODE OF CONDUCT

To ensure that the University of Redlands Summer Cello Workshop experience is safe and enjoyable, we require all attendees to abide by this Code of Conduct. Please read this carefully, sign at the bottom and return before checking in. Minors (under 18) must ALSO have this form signed by their parents; all faculty will be given a copy of this for their reference.

1. Campus Departure Policy: Attendees under the age of 18 may not leave the campus during program hours without written permission and consent of Dr. Joseph Modica, Director of the Conservatory of Music.
2. Substance Abuse Policy
 - a. All attendees are required to refrain from smoking at any time during the program.
 - b. Use of non-prescription medications or legally prohibited drugs or alcohol is strictly prohibited.
3. All attendees are required to refrain from the use of obscene language at any time during the program.
4. All attendees are to be at the scheduled place at the scheduled time. No one may leave the group/campus without a program-appointed chaperone, or prior written permission.
5. Attendees are expected to follow the instructions of program clinicians & Conservatory of Music personnel.
6. Attendees are expected to abide by all program rules and policies.
7. The use or possession of fireworks, firearms, ammunitions, any dangerous ordinance or weapons of ANY kind is strictly prohibited.
8. Attendees are expected to abide by all current COVID-19 safety protocols set forth by the University of Redlands.

Serious Offense: certain types of conduct are considered so serious that they might result in immediate expulsion from the program. These would include conduct that could result in injury, loss of limb or destruction of property; willful or serious disregard of University of Redlands Summer Cello Workshop policies, deliberate damage to school property or the property of others; theft; disruptive or harassing conduct, which could include threat of violence, horseplay or practical jokes, bullying in any form. Possession of a weapon or violation of the Substance Abuse Policy would also be considered a serious offense.

Failure to abide by this Code of Conduct may result in immediate expulsion from the program. Your parents/guardians will be notified and be responsible for the inconvenience and expense of your leaving the program. Any tuition paid will be forfeit.

Student Signature

Parent/Guardian Signature (if under 18)

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- Payment is due at the time of registration.
- No refunds will be issued after July 1, 2024. Refunds prior to this date may be issued at the sole discretion of the Community School of Music and the Arts.
- I understand that my student is required to comply with the University of Redlands Community School of Music and the Arts COVID-19 Safety protocols at the time of the Summer Cello Workshop. These protocols will be communicated via email to all families registered with sufficient notice prior to the first day of the Summer Cello Workshop and may include requirements for masking, testing, or social distancing. Vaccination is recommended, but not required, for students attending the Summer Cello Workshop.

Parent/Guardian Signature

Date

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Summer Cello Workshop at the University of Redlands, I, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, indemnify, hold harmless, and agree not to sue the University of Redlands, its trustees, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Cello Workshop, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of damages, injuries, including death, relating to the Summer Cello Workshop or travel to and from the Summer Cello Workshop, arising out of or incident to any

negligent act or omission by the University of Redlands, its trustees, officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Cello Workshop. I knowingly and voluntarily give up valuable legal rights, including the right to sue. Further, I shall defend at my own expense, including attorney's fees, with an attorney selected by the University of Redlands, the University of Redlands in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

I understand and agree that there are risks of harm associated with participating in the Summer Cello Workshop which may give rise to bodily injury, and/or property damage. I understand that I will be responsible for my own transportation. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the Summer Cello Workshop, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the University of Redlands, including all acts of negligence of the University of Redlands, I, the negligence of others, or by the negligence of the University of Redlands, its trustees officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the Summer Cello Workshop may cause these risks and dangers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the Summer Cello Workshop.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Participant or Parent/Guardian Signature (if under 18)

Date

Participant or Parent/Guardian Printed Name

If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child.

This Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on me and my minor children, executors, heirs, administrators, and assigns. I further agree on behalf of my minor children that this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on them and their executors, heirs, administrators, and assigns.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Print Name of Minor

Parent/Guardian Printed Name

Parent/Guardian Signature (if under 18)

Date

Phone Number



VIDEO/PHOTO/AUDIO CONSENT FORM

I, _____ (“Participant”), do hereby consent to and authorize the University of Redlands (“University”) to copy, record, exhibit, publish, distribute or use my name, image, likeness, voice, or sound in any media, including but not limited to video, audio, photo, or any composite and artistic forms, in which the record is incorporated in whole or in part, regardless of whether these materials are used for fundraising, advertising, publicity, or any other lawful purpose on behalf of the University.

In addition, I waive all claims to compensation or damages based the University’s use of any material authorized by this consent. I also waive any right to inspect or approve any finished material in which my name, image, likeness, voice, or sound appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this consent.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I warrant that I am either at least 18 years of age or that I am the legal guardian of the minor Participant, and that I am competent in my own name insofar as this consent is concerned, and that I have the full right and authority to grant this consent. I further attest that I have read this consent form and fully understand its contents.

Description of media:

Photography _____

Video Recording _____

Audio Recording _____

Printed Name of Participant

Age of Participant

Address of Participant

Signature of Participant

Date

Signature of Parent or Legal Guardian of Participant (if under 18)

Date

Return completed form to the Community School of Music and the Arts (CSMA):
● Email: cma@redlands.edu ● Mail: 1200 E Colton Ave, Redlands, CA, 92373 ● Fax: (909) 335-5183