



SUMMER CELLO INTENSIVE APPLICATION
July 16-21, 2018

The Pasadena Cello Institute began in 2017 as a comprehensive 6 day music program for young cellists. The schedule is filled with private lessons, monitored individual practice time, cello ensemble coachings, cello orchestra rehearsals and daily performance classes. The program immerses young cellists in a week of music making in a nurturing environment, exploring musical interpretation, developing technique, and enhancing listening, ensemble, rehearsal and performance skills. The week culminates with Master Classes and a Cello Extravaganza Concert of student cello quartets and cello orchestra.

Student/Attendee Information:

Last Name

First Name

Address

City

State

Zip

Country

Home Phone

Cell Phone

E-mail Address

Date of Birth

Current School

School Location (City, State)

Grade (*in Fall 2018*)

Instrument

Years of Study

Current Private Teacher Name

Current Private Teacher Phone Number

Current Private Teacher E-Mail Address

Parent Information:
(For student/attendee under the age of 18)

Last Name

First Name

Home Phone

Cell Phone

E-mail Address

MEDICAL INFORMATION AND RELEASE FORM FOR MINORS

Name of Participant: _____ **Sex** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Primary Care Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Please give us the name of your health/accident insurance carrier(s) and appropriate policy number(s):

Name of Carrier

Policy Number

***** PLEASE ATTACH A COPY OF YOUR INSURANCE CARD *****

Does this student have any chronic or acute medical problems? _____

Please explain. _____

List any allergies to food, pollen and medication: _____

List any medications being taken at present time: _____

My child has permission to attend the University of Redlands Summer Cello Intensive. 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 Intensive 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.

Signature of Parent/Legal Guardian

Date

CODE OF CONDUCT

To ensure that the University of Redlands Summer Cello Intensive 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
 - a. Attendees under the age of 18 may not leave the campus during program hours without written permission and consent of Dr. Andrew Glendening, Dean of the School of Music.
 - i. Summer Cello Intensive hours are from 9:00 AM to 4:00 PM Monday through Friday and from 9:00 AM to 7:00 PM on Saturday.
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 & School 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.

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 Intensive 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.

Please sign and return prior to check in.

Attendee

Parent/Guardian (if under the age of 18)

CONSENT AND RELEASE FORM

I hereby consent to and authorize the use and reproduction, in print or electronic format by the University of Redlands (“University”) and Pasadena Cello Institute (“PCI”) or anyone authorized by the University or PCI, of any and all audio, video, or photographic images, which have been taken for any publicity purpose, without compensation. All audio, video or photographic images — electronic, negatives and positives, together with the prints — are owned by the University and PCI. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I release all claims against the University and PCI with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I hereby hold harmless and release and forever discharge the University and PCI from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. I hereby acknowledge that I am 18 years of age or older and have read and fully understand the terms and contents of this release.

Please clearly print your full name. Use only black or blue ink.

Date: _____

First Name: _____ Middle: _____ Last Name: _____

Students name (if a minor): _____

Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

My relationship to the U of R: 2018 Summer Cello Intensive Student

I do not give consent for use and reproduction, in print or electronic format by the University of Redlands (“University”) or anyone authorized by the University, of any and all audio, video, or photographic images, which have been taken for any publicity purpose, without compensation.

ADDITIONAL INFORMATION

List current solo repertoire, recent performance experience, and orchestral or ensemble experience:

VIDEO SUBMISSION

It is also required that applicants submit a video to pasadenacelloinstitute@gmail.com. These submissions will be used to group students by playing level. Video submission should include:

- Any current solo piece
- A 2 or 3 octave major scale.

Informal cell phone video submissions are acceptable.

TUITION

Tuition is \$450 per student. No refunds will be given after June 16, 2018.

PAYMENT METHOD:

(please select one)

Check Enclosed: Check #: _____ Check Amount: _____

Bill My Credit Card: Amount: _____

Visa Mastercard Discover American Express

Credit Card #: _____ Security Code: _____

Expiration Date: _____ Signature: _____

Please mail completed application with payment to:

Community School of Music and the Arts
University of Redlands
1200 E. Colton Ave.
Redlands, CA 92373