



NEW YORK SUMMER MUSIC FESTIVAL
STUDENT APPLICATION FORM • 2007 SEASON (Page 1 of 2)

PLEASE PRINT CLEARLY — USE ALL CAPITAL LETTERS

Name (first) (middle) (last)

Address (street) (apt #)

(city) (state) (zip)

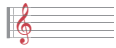
Birth date: (month) / (day) / (year) Gender: M F Grade in Fall 2007

Age in Fall 2007

Home Phone: () Mobile Phone: ()

Fax: () E-Mail

New York Summer Music Festival PO Box 947 Oneonta, NY 13820



phone 607.267.4024 fax 888.632.3221

email info@nysmf.org

web www.nysmf.org

Applicant normally lives with: Mother Father Both Other

Father or Guardian Mother or Guardian

Name Name

Address Address

Work Phone: ()

Home Phone: ()

Work Phone: ()

Mobile Phone: ()

School Name Address

Type of school: Public Private Parochial Home Schooled

Primary Instrument: (circle one) Years Played Jazz? Y N

- Voice (Sop/Alt/Ten/Bass) Oboe Flute Clarinet Saxophone Bassoon Horn Trumpet Trombone Tuba Percussion Drum set Piano Harp Guitar Violin Viola Cello Bass

Secondary Instrument(s) (circle) Years Played Jazz? Y N

- Voice (Sop/Alt/Ten/Bass) Oboe Flute Clarinet Saxophone Bassoon Horn Trumpet Trombone Tuba Percussion Drum set Piano Harp Guitar Violin Viola Cello Bass

In which musical ensembles have you participated?

- Choir Madrigal Choir Jazz Choir Orchestra Chamber Orchestra Wind Ensemble Band Jazz Band Pit Orchestra Musical Theatre

Have you participated in any state, local, or other honors ensembles? If so, please list:

Please list other summer music programs you have attended:

2006:

2005:

How did you hear of us? Newspaper/Magazine Ad (Name)

Internet (Site) Teacher/School (Name)

Poster (Where?) Friend/Family (Whom?)

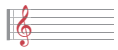


NEW YORK SUMMER MUSIC FESTIVAL
TEACHER RECOMMENDATION FORM ♦ 2007 SEASON

Student's Name _____ Date ____ / ____ / _____

The individual listed above is applying for admission to the New York Summer Music Festival. A recommendation is required for admission to the Festival. Please complete and return this completed form to the student or send it directly to the Festival as soon as possible. If you require more information about our program, please visit our website or contact us for a copy of our brochure. Thank you for your assistance.

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Teacher's Signature _____ Date ____ / ____ / _____

Teacher's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-Mail Address _____

School Name _____

Address _____

How long have you known the student? _____ What is your relationship to the student?

Music Teacher Ensemble Conductor Private Lesson Teacher Other _____

Musical Ability

	Superior	Excellent	Good	Fair	Weak	N/A
Basic Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities

	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

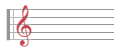
Comments

(please continue on back if needed)



NEW YORK SUMMER MUSIC FESTIVAL
FINANCIAL AID/SCHOLARSHIP FORM
(This form must accompany the application form)

New York Summer
 Music Festival
 PO Box 947
 Oneonta, NY
 13820



phone
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Applicant's Name _____

Financial Information:

Parent(s)' Assets	Current Value	Amount Owed	Annual Payment
Cash, savings and checking accounts	\$ _____	N/A	N/A
Investments (stocks, CDs, money market accounts, etc.	\$ _____	N/A	N/A
Home (renters: enter monthly rental amount)	\$ _____	\$ _____	\$ _____
Business and/or Farm	\$ _____	\$ _____	\$ _____

If parent(s) own a home, in what year was it purchased? _____ What was the purchase price? _____
 Number of immediate family members under age 18 _____ Number of siblings in college _____
 Annual contribution towards education, if any (college or private school tuition) _____
 Financial Aid received? \$ _____

Complete this information for the parent(s) with whom you are living

Mother's Name _____ Father's Name _____
 Title/Occupation _____ Title/Occupation _____
 Employer _____ Employer _____
 Annual Salary _____ Annual Salary _____

I hereby affirm that all of the information submitted for my New York Summer Music Festival Scholarship and Financial Aid Application is true and accurate to the best of my knowledge. I understand that if I am awarded a scholarship or financial aid, and choose to attend, I will be responsible for paying any additional program fees, cost of course materials, private lesson fees, travel expenses and personal needs.

_____/_____/_____
 Applicant's Signature Date
 _____/_____/_____
 Parent / Guardian's Signature Date

A limited number of scholarships/financial aid packages are available, and will be awarded to students based on need and/or merit. Applications received after the deadline will only be considered based on availability. All applications must be accompanied by copies of the parent(s) or guardian's most recently submitted IRS tax returns and W-2 income forms. (Please include copies of each parent's/guardian's tax forms if filed separately. If tax returns were not filed, please submit adequate proof of income, i.e. W-2, 1099, year-end paystubs, etc.) Failure to provide all of the required information and income documentation will disqualify consideration for Financial Aid and Scholarship Assistance.

Checklist for items to be submitted with this application:

- Student application
- W-2 or other tax document
- Recommendation form
- CD recording (1-2 movements of a concerto or short pieces of contrasting styles)



NEW YORK SUMMER MUSIC FESTIVAL PERMISSION FORM

This form must be mailed to the NYSMF office prior to registration.

Student's Name _____

Please complete all sections by checking YES or NO.

OFF-CAMPUS TRIPS

Buses or vans driven by properly licensed and authorized operators will provide transportation for off-campus events.

Does the student have permission to be transported off-campus for field trips or other Festival-sponsored events? YES NO

Does the student have permission to be transported off-campus for swimming with lifeguards on duty? YES NO

MOVIES

Students under 15 will not be allowed to attend R-rated movies regardless of permission.

+Does the student have permission to see: +PG-rated movies YES NO
+PG-13 rated movies YES NO
+R-rated movies YES NO

IN-TOWN

All students are allowed off-campus only when accompanied by a counselor or as part of a NYSMF sponsored activity.

Does the student who is under 18 have permission to go off-campus with a counselor who is 18 or over for a non-NYSMF-sponsored event? (i.e. trip to the store for supplies, movie, or meal) YES NO

Does the student who is under 18 have permission to go off-campus in a counselor's car with a group of students? YES NO

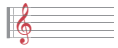
Does the student have permission to go off-campus with anyone other than his/her own parents/guardians? If YES, list names below: YES NO

Basic standards and regulations bind the Festival together and are set to keep the organization strong and viable. Students are expected to dress neatly, assume individual responsibility for maintaining their rooms and caring for their instruments, and behave in an acceptable manner on and off campus. All New York Summer Music Festival participants are required to comply with Festival and college policies. NYSMF reserves the right to send a student home for any infraction, without refund, including, but not limited to violation of any federal, state or local law, or infractions of rules set forth in the student code of conduct. Any student found using or possessing illegal drugs or alcoholic beverages, engaging in physical violence of any kind, making life-threatening statements, or found in an opposite sex dorm or in a dorm that houses members of any other program on the SUNY Oneonta campus will be dismissed from the Festival immediately without refund. Students are not permitted to smoke during the Festival. All students must show all faculty, staff and other students respect at all times.

Parent / Guardian's Signature

_____/_____/_____
Date

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Music Festival
PO Box 947
Oneonta, NY
13820



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NEW YORK SUMMER MUSIC FESTIVAL HEALTH FORM CHECKLIST

All parts of the Medication, Health Examination, and the Meningitis Response Forms must be completed and returned to the Festival two weeks prior to arrival on campus:

HEALTH EXAMINATION FORM – to be completed by parent or guardian - complete all sections, being sure to sign and date at bottom of form.

PHYSICAL EXAM – (*within past year*) **SCHOOL PHYSICAL ACCEPTABLE**
Performed by physician, physician's assistant, or nurse practitioner who will fill out the second page of the Health Examination Form and the Medication Form.

UPDATED IMMUNIZATION RECORD

- a. 2 MMR dates are mandatory
Measles, Mumps, Rubella
- b. Please be sure to complete the Meningitis Vaccination Response Form.
- c. **THIS FORM MUST BE COMPLETED AND RETURNED WITH THE HEALTH EXAMINATION FORM.**

MEDICATION FORM – **must be completed for every student.**

NEW YORK STATE DEPARTMENT OF HEALTH LAW now **requires** that the Health care provider (doctor, nurse practitioner, physicians assistant) must complete the medication sheet for both over-the-counter and prescription medications. Medications will not be dispensed if this form is not completed and signed by parent and health care provider, this includes all over-the-counter medications.

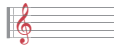
IMPORTANT NOTES

ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATION TO BE TAKEN BY THE STUDENT (UNDER 18 YRS. OLD) MUST BE LEFT AND KEPT AT THE FESTIVAL NURSE'S OFFICE WHERE A SCHEDULE WILL BE SET UP FOR DISPENSING OF THE MEDICATION. ALL MEDICATIONS MUST BE IN THE PHARMACY BOTTLE OR ORIGINAL STORE CONTAINER WITH PROPER LABELING.

IT IS ADVISED, PRIOR TO MAILING THESE FORMS THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION. NO STUDENT WILL BE ALLOWED TO STAY AT THE FESTIVAL WITHOUT COMPLETED HEALTH FORMS.

THESE RULES ARE IN COMPLIANCE WITH THE REGULATIONS OF THE NEW YORK STATE DEPARTMENT OF HEALTH.

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**NEW YORK SUMMER MUSIC FESTIVAL
HEALTH EXAMINATION FORM (PAGE 1 OF 2)**

All Health Forms MUST be sent to NYSMF at Least 2 weeks Prior to Your Arrival

This side to be completed by a PARENT or GUARDIAN

SESSION: I II III

Name _____ Birthdate ____ / ____ / ____ Sex M F Age ____
(last) (first) (initial)

Parent/Guardian _____ Home Phone: (____) _____
(last) (first)

Work Phone: (____) _____ Mobile Phone: (____) _____

Home Address _____
Street & Number City State Zip

If unreachable in an emergency, please notify:

#1: Name _____ Phone: (____) _____ / (____) _____
Address _____
Relationship to Student _____

#2: Name _____ Phone: (____) _____ / (____) _____
Address _____
Relationship to Student _____

PERSONAL HISTORY: (check any conditions you have had)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Alcohol Dependency | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Drug Dependency | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Emotional Problems/Counseling | <input type="checkbox"/> Recurrent Ear Infection | |

OPERATIONS, INJURIES & HOSPITALIZATIONS (with dates) _____

PRESENT MEDICATIONS OR TREATMENTS _____

PLEASE LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS _____

IMPORTANT: Please notify the Festival if this student is exposed to any communicable disease during the three weeks prior to attending the Festival.

PERSONAL HEALTH INSURANCE CO. _____

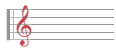
ADDRESS _____ ID# _____

PARENT AUTHORIZAZATION: This health history is accurate to the best of my knowledge, and the person herein described has my permission to engage in all planned Festival activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the health care provider selected by the Festival Administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the student as named above.

Parent / Guardian's Signature Date ____ / ____ / ____

NAME
Last _____
First _____

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NEW YORK SUMMER MUSIC FESTIVAL
HEALTH EXAMINATION FORM (PAGE 2 OF 2)

Name _____ Birthdate ____ / ____ / ____
(last) (first)

IMMUNIZATIONS REQUIRED PRIOR TO REGISTRATION

TETANUS-DIPHTHERIA TOXOID (BOOSTER WITHIN 10 YRS.) DATE ____ / ____ / ____

Hib vaccine DATES 1st _____ 2nd _____ 3rd _____ 4th _____
OR date of illness _____

Hepatitis B vaccine DATES 1st _____ 2nd _____ 3rd _____

POLIO VACCINE (complete series of Oral/Salk) DATES _____

MMR (Mumps, Measles, Rubella) (after 1st birthday) DATES 1st _____ 2nd _____

OR

*MUMPS VACCINE (after 1st birthday) DATE _____

*MEASLES VACCINE (after 1st birthday) (2 doses mandatory) DATES 1st _____ 2nd _____

*RUBELLA VACCINE (after 1st birthday) DATE _____

OR

MUMPS TITER (valid only if lab report included) RESULT _____ DATE _____

MEASLES TITER (valid only if lab report included) RESULT _____ DATE _____

RUBELLA TITER (valid only if lab report included) RESULT _____ DATE _____

VARICELLA VACCINE DATE _____ OR DATE OF ILLNESS _____

MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN, PHYSICIAN'S ASSIST/NURSE PRACTITIONER

This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

CODE: (-) Satisfactory (x) Not Satisfactory (explain) (o) Not Examined

Height _____ Weight _____ B.P. _____
Eyes _____ Teeth _____ Extremities _____
Glasses _____ Heart _____ Posture (spine) _____
Ears _____ Lungs _____ Skin _____
Nose _____ Abdomen _____ Allergy _____
Throat _____ Hernia _____

Recommendations and restrictions while at the Festival

Special Diet _____

Medications (identify) _____

Dispensing protocol _____

Can this student participate in unrestricted recreational activity?

If no, explain: _____

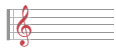
Other: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in Festival activities, except as noted above.

_____/_____/_____
Signature of Examining Physician/Physician's Ass't/Nurse Practitioner Date

PHONE: (____) _____ ADDRESS _____

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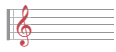
**NEW YORK SUMMER MUSIC FESTIVAL
MEDICATION FORM**

Must be completed and signed by Parent & Health Care Provider

Student Name _____ DOB ____ / ____ / ____ Weight _____

Standard Over the Counter Medications: Any over the counter medications the student plans to bring to the Festival must be added to this list. **No over-the-counter medications can be dispensed without completion of this form.**

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DRUG NAME	ROUTE [PLEASE CIRCLE PREFERRED FORMULATION(S)]	DOSAGE	SCHEDULE & INDICATIONS	CAMPER HEALTHCARE PROVIDER ORDER	COMMENTS
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

Prescription Medications

Must complete with patient's current regimen for both scheduled and PRN medications - use 2nd page if needed)

DRUG NAME	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

_____/_____/_____
Parent / Guardian's Signature Date

Health Care Provider (MD,NP,PA)

Name _____ Phone (____) _____

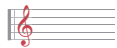
Address _____ License# _____

Signature _____ Date ____ / ____ / ____



NEW YORK SUMMER MUSIC FESTIVAL MENINGITIS INFORMATION

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The following information is to notify you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

The New York Summer Music Festival is required to maintain a record of the following for each student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student's parent or guardian; AND
- Information on the availability and cost of meningococcal meningitis vaccine — AND EITHER —
- A record of meningococcal meningitis immunization with immunization within the past 10 years; OR
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States –types A, C, Y and W – 135. These types account for nearly two thirds of meningitis cases among teens and young adults.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com. The meningococcal vaccine is not available for your son/daughter at the Festival.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form on the back of this letter and return it to the New York Summer Music Festival, PO Box 947, Oneonta, NY 13820 at least 2 weeks prior to the student's arrival at the Festival.**

To learn more about meningitis and the vaccine, please consult your child's physician. You can also find information about the disease at the New York State Department of Health website: www.HEALTH.STATE.NY.US, and www.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

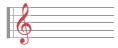


**NEW YORK SUMMER MUSIC FESTIVAL
MENINGITIS VACCINATION RESPONSE FORM**

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below.

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- My child has had the meningococcal meningitis immunization within the past 10 years.

Menomune - Date _____

OR

Menactra - Date _____

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my son/daughter will **not** obtain immunization against meningococcal meningitis disease.

Parent / Guardian's Signature

____ / ____ / ____
Date

Student's Name

____ / ____ / ____
Date of Birth

Parent / Guardian's E-Mail Address