

Please complete this packet in its entirety and scan a copy as **one PDF** to the LSA Assistant to the Director. Please no photos of forms. All forms are due within 15 days of your acceptance to the program, except the Health Form, which is due by May 15, 2019 and may be submitted as a separate PDF.

Please also download and read the LSA Guidebook from the website. Welcome to Lamont!



Lamont Summer Academy
2019 TUITION OPTIONS AND PAYMENT INFORMATION FORM

STUDENT NAME _____

This form must be submitted along with deposit.

TUITION OPTIONS—Please check the one that applies:

- 2-week residential student = \$2055 (tuition/room & board/recreation)
- 2-week residential student + secondary (minor) area of study = \$2,285 (tuition/room & board/recreation)
- 2-week commuter = \$1,555 (tuition/lunch & dinner, recreation)
- 2-week commuter + secondary (minor) area of study = \$1,785 (tuition/lunch & dinner, recreation)

*Lunch is not included in the above listed costs for two meals that the students eat off-campus.

PAYMENTS and DUE DATES

All payments for the Lamont Summer Academy must be submitted by check, made payable to the Lamont School of Music, and mailed to the following address:

Lamont Summer Academy
University of Denver
2344 E. Iliff Ave.
Denver, CO 80208

***Nonrefundable Application Fee**

- \$75 by February 15, 2019, for scholarship applicants
- \$75 by March 15, 2019 for regular applicants
- \$100 after March 15th, 2018

*Please note that the application fee is in addition to tuition, room & board

***Nonrefundable Deposit**

- \$500, due 14 days after acceptance for scholarship and regular applicants
- \$500 due 7 days after acceptance for late applicants between March 16 – April 30

***Tuition Balance**

Due May 1, 2018

Applications received after April 30th must pay tuition in full within 7 days of acceptance.

***Damage Deposit:**

\$150, due May 1, 2018

Please submit a separate check for the damage deposit. This check will only be deposited in the instance of property damage or lost key charges incurred to University of Denver facilities. Checks will be shredded after confirmation from University Event Services that no charges have been incurred.



STUDENT NAME _____

This form is to be completed by all students and their parents or guardians, regardless of age.

I, _____, will be attending the 2019 Lamont Summer Academy at the University of Denver, and have read and completed all of Acceptance Packet forms and information on the LSA website.

THE FOLLOWING TERMS SHOULD BE READ CAREFULLY AND UNDERSTOOD BY BOTH THE STUDENT AND HIS/HER/THEIR PARENT(S) OR GUARDIAN(S). PLEASE KEEP ONE COPY FOR YOUR OWN RECORDS.

1. All use of tobacco, marijuana, alcohol, and other controlled substances is strictly prohibited. Possession and/or use of tobacco, alcohol, or other controlled substances will result in immediate dismissal from the LSA.
2. Students must remain on their respective hall(s) and may not enter each other's rooms or hall(s). There are common areas available for social gathering.
3. LSA students must be on their assigned residence hall floor by 10:00 p.m. each night.
4. While attending the LSA, students are supervised when in transit from one building to the next. For safety reasons, the University of Denver does not allow under-age students enrolled in university programs to walk across campus or to places off-campus without a counselor as an escort.
 - a. Residential and Commuting students must have counselor or faculty escorts when walking across campus.
 - b. Residential students may not leave campus at any time without supervision by LSA staff or faculty unless granted special permission.
 - c. Commuting students may not leave campus during the regularly scheduled music and recreational activities unless granted special permission.
5. LSA students are not permitted to operate a motor vehicle while attending the LSA unless commuting.
6. Commuting students with cars will be asked to register them at Orientation.
7. Cell phone use is limited to free times. Cell phones are to be turned off during lessons, classes, rehearsals, recitals and practice time.
8. LSA students are expected to treat each other, staff, and faculty with respect. Harassing, intimidating, bullying, disrespectful or violent language or behavior will not be tolerated.
9. LSA students are expected to behave in a mature and responsible manner. Students will be held strictly liable for damage to University of Denver property.
10. All excused absences must be approved by the Head Counselor via e-mail 48 hours in advance. The Head Counselor's e-mail address will be supplied at the start of LSA. Students may be excused only for emergencies and professional musical engagements. Infractions to this rule will result in a fine of \$200.

Disciplinary action resulting in immediate dismissal from the LSA will be taken by the LSA Director in cases of non-compliance with LSA, Residence Hall, and/or University of Denver regulations.

RELEASE OF RESPONSIBILITY: My parents/guardians and I release University of Denver and its agents/employees and the Lamont Summer Academy and its agents/employees from any and all claims, demands and causes of action on account of any injury, illness or loss which may occur during my participation in the Lamont Summer Academy, June 16–June 30, 2019.

I have read the General Policies and Procedures of the University of Denver and agree to abide by them.

I have read the above and will abide by the terms of this document (Acceptance & Conduct).

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



STUDENT NAME _____

ESTIMATED ARRIVAL TIME ON 6/16 _____

ESTIMATED DEPARTURE TIME on 6/30 _____

BY CAR? Yes _____ No _____

Who will bring you
to the LSA? _____

At the end of the session,
who will pick you up? _____

BY AIRPLANE? Yes _____ No _____ (please provide the full itinerary below)

Arrival flight number, airline, and time:

Departure flight number, airline, and time:

Students should not book departure flights earlier than 6 P.M. on June 30.

Please make advance reservations with the DIA Super Shuttle [1-800-BLUEVAN](tel:1-800-BLUEVAN) or Uber/Lyft. LSA does not provide transportation to or from DIA.

Shuttle drop-off and pick-up will be at the following address:
Robert and Judi Newman Center for the Performing Arts
2344 E. Iliff Ave.
Denver, CO 80208

STUDENT NAME _____

Photo/Recording Information

The Lamont Summer Academy will have a website and other publicity materials. We would like permission to use your child's photo, performance recordings, or written testimonials. Please sign and return this form to indicate that photos and/or recordings may be used in this way. Thank you for considering this request. This release will remain in effect until revoked in writing.

Permission for use of Student Photos and Recording:

As parent or legal guardian of _____, I grant Lamont Summer Academy permission to use and publish pictures and recordings of or written testimonials by my child. These would only be used for Lamont functions including: the website, photo gallery display, or publicity materials.

Parent/Guardian Signature

Date

Student Signature (if 18)

Date

STUDENT NAME _____

Please indicate your 1st, 2nd and 3rd choices for the Optional Classes.

These classes meet each afternoon and all students are required to participate in one of the following selections. Descriptions of these classes can be found on the LSA website.

 Sound Painting and Steel Drum Ensemble Composer's Workshop (week 1 – composers only)/New Music Ensembles (week 2 – composers & instrumental & vocal students who wish to participate in an ensemble)

This is required for composition majors and minors. If you are composition major or minor, please mark only this selection. Other majors and minors are welcome to join this class as performers!

 Flex Jazz Ensemble Stretching, Yoga, and Meditation Individual Practice**If you listed Flex Jazz Ensemble, please check your level of jazz experience.** 0 years in jazz band or combo 1 – 2 years in jazz band or combo 3 or more years in jazz band or combo

STUDENT NAME _____

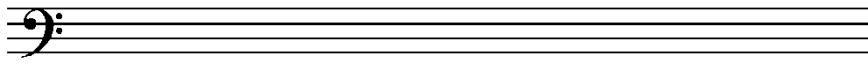
NOTE: It is very important that we get an accurate impression of your theory skills and fluency so that we may place you in a class level that will be most helpful to you. Please read the following instructions carefully and make sure to complete all pages.

- Take the test in one sitting (do not leave parts of it unfinished and come back later)
- There is no time limit, but DO time yourself, and indicate on the last page how much time you spent on the test
- You may complete the tasks in any order
- If you have absolutely no idea about a question or don't understand the topic, please let us know that with a big question mark (?)
- Do not refer to any outside materials (books, notes) for help
- Even if you cannot complete the last few parts of the test, be sure to answer all of the questions in part

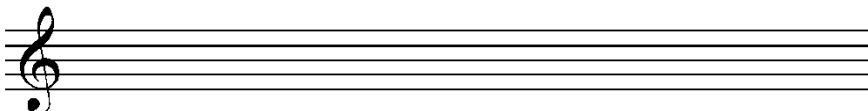
Part 1.

Write the requested scales.

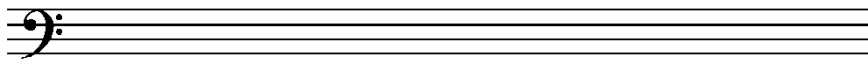
D Major



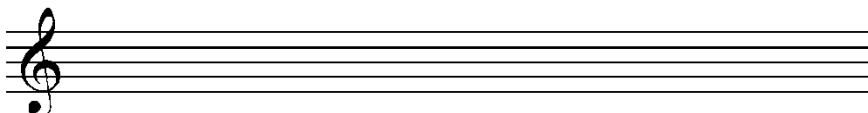
G harmonic minor



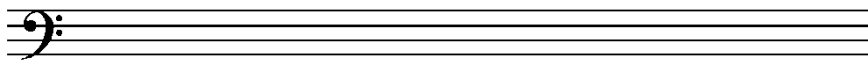
Eb Major



B natural minor



F# Major



STUDENT NAME _____

Part 2. Write the requested intervals above the given note.

Musical staff with five notes. Below each note is an interval label: M6, P4, m3, m7, d5.

Part 3. Identify the following key signatures, giving BOTH the major and relative minor key.

Five musical staves showing different key signatures. Below each staff is a blank line for the answer.

Part 4. Identify the following triads. Your label should include the chord root (D, F, A, etc.), the chord quality (M, m, +, o), and the inversion (if inverted, ⁶, ₄). The first answer is given.

Bass clef musical staff with five triads. Below the first triad is the label "Ex. FM⁶". Below the other four triads are blank lines for answers.

Treble clef musical staff with five triads. Below the other four triads are blank lines for answers.

Part 5. For each measure below, write the best possible time signature in the blank.

Four musical measures with blank lines for time signatures:

1. _____
2. _____
3. _____
4. _____

STUDENT NAME _____

Part 6. Insert bar lines into the rhythm below so that it matches the given time signature.

1. 

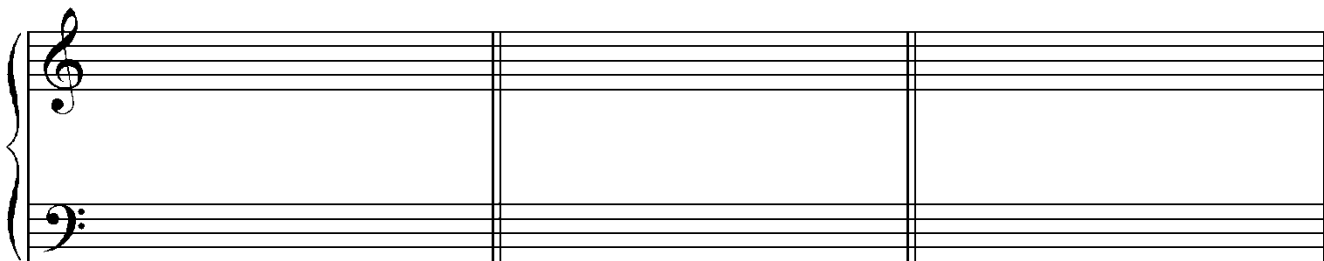
2. 

Part 7. Analyze the choral phrase below with Roman Numerals (be sure to identify the key). Label any non-chord tones, and identify the type of cadence.

Jesu, Jesu, du bist mein

244. 

Part 8. Write the following cadential progressions in four voices, and then write the type of cadence in the blank above the staff. Use a key signature.



EM: IV - V⁷ - I Gm: ii⁰⁶ - V - VI Cm: i - iv⁶ - V

STUDENT NAME _____

Part 9. Answer the following questions:

1. What clef do you read most of the time (circle one)?

treble bass

2. How good are you at reading the OTHER clef?

terrible not bad decent good excellent

3. What note is the leading-tone in the key of E minor?

E-flat D-natural D-sharp F-sharp

4. What is the correct pattern of half-steps and whole-steps in a major scale?

whwwwh wwhwwh wwhwhw wwwhwh

5. What is the correct spelling of an E-flat minor triad?

Eb-G-Bb Eb-F#-Bb Eb-F#-A# Eb-Gb-Bb

6. What chord is the dominant in the key of D minor?

A major G major A minor G minor

7. If you are a high school student, have you taken AP theory? YES NO

Important: How long did it take you to complete this test? _____



STUDENT NAME _____

This form is due by May 15, 2019 and may be submitted separately from the rest of the packet, which was due 15 days after your acceptance to LSA.

Please attach a copy of the student's insurance card along with this Health Form.

This form should be completed and signed by the participant's legal guardian and physician. The information we ask you to provide is necessary in the event that your child needs medical treatment while the LSA is in session.

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Sex _____
City/State/Zip _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first:	Backup contact (relative or friend):
Name _____	Name _____
Relation _____	Relation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____

INSURANCE POLICY INFORMATION

The above-named student is covered by health insurance: Yes No
If yes, provide the following information

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation _____
City/State/Zip _____ Occupation _____
P.H.'s Employer _____
Employer's Address _____
Insurance Company _____
Insurance Company's Address _____
Policy # _____ Plan # _____

Attach a photocopy of policyholder's ID card

STUDENT NAME _____

HEALTH PERMISSION

I HEREBY GIVE PERMISSION TO THE LAMONT SUMMER ACADEMY AND ITS REPRESENTATIVES TO PROVIDE ROUTINE HEALTHCARE, ADMINISTER PRESCRIBED MEDICATIONS LISTED ON THIS FORM, AND SEEK EMERGENCY TREATMENT INCLUDING BUT NOT LIMITED TO THE ORDERING OF X-RAYS OR ROUTINE TESTS. I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR INSURANCE PURPOSES. I GIVE PERMISSION TO THE LSA TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE LSA TO SECURE AND ADMINISTER TREATMENT INCLUDING HOSPITALIZATIONS, INJECTIONS, ANESTHESIA OR SURGERY FOR THE PERSON NAMED ABOVE. THIS COMPLETED FORM MAY BE PHOTOCOPIED. THE LSA AND ITS REPRESENTATIVES HAVE PERMISSION TO OBTAIN COPIES OF MY CHILD’S TREATMENT AND HEALTH RECORD FROM ANY PROVIDER WHO TREATS MY CHILD. I UNDERSTAND THAT INFORMATION ABOUT MY CHILD’S HEALTH WILL BE SHARED ON A “NEED TO KNOW” BASIS WITH LSA STAFF AND WILL BE KEPT CONFIDENTIAL. THIS HEALTH FORM IS COMPLETE TO THE BEST OF MY KNOWLEDGE AND CONTAINS NO MISREPRESENTATIONS OR OMISSIONS THAT MIGHT OR WOULD AFFECT MY CHILD’S EXPERIENCE OR WELL-BEING.

Parent/Guardian Signature

Date

STUDENT NAME _____

DIRECTIONS: (To be completed by physician) Completion of this form is required before a student can participate. Attach any specific recommendations from your physician.

1. Is there any medical condition we need to be aware of that might impact the participant's participation in any LSA activities? If so, please describe.
2. Does the participant have any food allergies or dietary restrictions? If so, please describe.
3. Does the participant need any ADA accommodations? If so, please describe.
4. Is the participant current on all vaccinations? If not, please identify vaccinations that have not been administered.

The following recreational activities are those in which the student may participate during the LSA. Do you recommend that the student be allowed to participate in each activity?

Swimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tennis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Climbing Wall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice-Skating	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PHYSICIAN'S INFORMATION *(to be completed by physician)* Please **PRINT** the following:

Physician's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

I have examined the above named participant and found him/her/them to be able to participate in all activities of the Lamont Summer Academy, University of Denver.

Physician's Signature

Print Name

Date

STUDENT NAME _____

GUIDELINES FOR MEDICATIONS AND AUTHORIZATION FOR ADMINISTRATION OF MEDICATION:

Medications will be administered by the Health Aide, with the following conditions:

1. Written authorization signed by parent or guardian required.
2. All medications (prescription and non-prescription) provided by the parent/guardian must be:
 - a) in ORIGINAL container.
 - b) documented with parent/guardian signature on the authorization section below.
3. Non-prescription medications should be in the original container and labeled with the student's name, dosage and frequency.

FOR THE SAFETY OF ALL STUDENTS, NO MEDICATIONS ARE ALLOWED IN UNDER-AGE STUDENTS' RESIDENCE HALL ROOMS. WITH THE EXCEPTION OF INHALERS AND EPI-PENS, ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS MUST BE KEPT WITH THE HEALTH AIDE. THE STUDENT MUST ADMINISTER EPISHOTS UNLESS UNABLE TO SELF-ADMINISTER.

Please list all **prescription and non-prescription drugs** to be used below: (Please attach an additional sheet if necessary.)

Medication	Dosage	Time given	Reason

Has the student had a reaction to any of these medications? Yes No If Yes, which one?
Please describe reaction:

Physician's name _____ Phone _____
Parent daytime phone contacts Work _____ Cell _____
Parent nighttime phone contacts Home _____ Other _____

AUTHORIZATION FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION: I have read and understand the conditions set forth above. I request the Lamont Summer Academy Health Center or Health Aide administer to my child the medication as described above.

SIGNATURE OF STUDENT _____ Date _____

SIGNATURE OF PARENT/GUARDIAN: _____ Date _____
(Parent/guardian signature required for students under 18 years of age)