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!
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 for scholarship applicants
$75 by March 15 for regular applicants
$100 after March 15

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

*Damage Deposit:
$150, due May 1

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 or Uber/Lyft. LSA does not provide transportation to or from DIA. Use code DU001 for $2 off your Super Shuttle ride.

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 __________
Please indicate your 1\textsuperscript{st}, 2\textsuperscript{nd} and 3\textsuperscript{rd} 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)

\textbf{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
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
Part 2. Write the requested intervals above the given note.

\[ \text{M6} \quad \text{P4} \quad \text{m3} \quad \text{m7} \quad \text{d5} \]

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

\[ \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]

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, \( 6^{\text{th}}, 4^{\text{th}} \)). The first answer is given.

\[ \text{Ex. F}^6 \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]

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

1. \[ \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]
2. \[ \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]
3. \[ \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]
4. \[ \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \quad \text{\{ } \text{\} } \]
Part 6. Insert bar lines into the rhythm below so that it matches the given time signature.

1. \( \frac{6}{8} \)
   \[ \ \frac{6}{8} \]

2. \( \frac{4}{8} \)
   \[ \ \frac{4}{8} \]

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.

![Choral Phrase]

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 – V\(^7\) – I

**Gm:** ii\(^6\) – V – VI

**Cm:** i – iv\(^6\) – V
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?
   - whwwwwwh   - wwhwwwh   - wwhwwwh   - wwhwwwh

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 and a copy of the insurance holder’s ID 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
Please complete using information as shown on insurance information and identification.
Participant’s Name ____________________________________________ Date of Birth ______ Sex ______
Permanent Address ____________________________________________
City/State/Zip ____________________________________________

MEDICAL EMERGENCY CONTACT INFORMATION
Person to contact first: __________________________ Backup contact: __________________________
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
Attach a copy of student’s insurance card
STUDENT NAME ____________________________________________________________

HEALTH PERMISSION
I hereby give permission to the Lamont Summer Academy and its representatives to provide routine healthcare 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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Swimming</td>
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<td>Tennis</td>
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<td>Climbing Wall</td>
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<tr>
<td>Ice-Skating</td>
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</tbody>
</table>

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:

All medications will be kept and self-administered by the student. We ask that you list all medications below, including Epi-pens and inhalers, in the instance that we need to provide this information to a medical professional during an emergency.

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time given</th>
<th>Reason</th>
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</table>

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.

SIGNATURE OF STUDENT ___________________________________________ Date ____________

SIGNATURE OF PARENT/GUARDIAN: _____________________________________ Date ____________

(Parent/guardian signature required for students under 18 years of age)