

Chamberre in the Rockies 2019 Application

* Required



Please allow 10-15 minutes to complete this application.

Please allow 10-15 minutes to complete this application. If you leave this webpage without submitting the form, your answers will not be saved.

This application will go over General Information, Housing Preferences, Musical Background, Prior Experience at Rocky Ridge, and Dietary and Medical Restrictions,

1. I would like a representative of Chamberre to contact me before my application is processed *

(If you answer "No," you may nevertheless be contacted if there are questions regarding your application)

Mark only one oval.

Yes

No

Costs and Fees

There is an \$85 dollar deposit per attendee. You (or the first applicant from your family/group) will be billed for this fee within 7 days of acceptance of your application. Should you attend Chamberre, the \$85 deposit will be applied towards your final cost. However, in the event that you withdraw, the fee will not be refunded.

Cost will be based on length of stay:

5 days / 4 nights: \$520

4 days / 3 nights: \$416

3 days / 2 nights: \$312

Cost includes dinner on day of arrival through lunch on day of departure. A charge will be assessed for extra meals.

There are a limited number of cabins with attached bathrooms available for an additional fee of \$100. Preference will be given to individuals with special health needs.

Participants must bring their own bedding and towels. Bedding can be provided by Rocky Ridge for an additional \$60 per person per session.

Residing off campus does not reduce fees.

Please complete one application per individual

If you have any questions or special requests there will be an opportunity to indicate them at the end of this application. Alternatively, you can contact John Jungerberg, Rocky Ridge Music Center Associate Director at jungerberg@rockyridge.org or call (970) 586-4031.

2. Application category *

For family/group applications, only the first member will be invoiced. The housing preference of additional members will default to that of the first member.

Mark only one oval.

- Individual *Skip to question 5.*
- First member of family/group *Skip to question 3.*
- Additional member of family/group *Skip to question 4.*

First Family/Group Member Info

3. How many additional members of family/group are applying? *

Skip to question 5.

Additional Family/Group Member Info

4. Name of first family/group member, who will be invoiced *

Skip to question 11.

Housing Preference

Housing is in dormitory-style shared cabins, with a separate shower houses for men and women.

There are a limited number of cabins with attached bathrooms available for an additional fee of \$100. Preference will be given to individuals with special health needs.

Participants must bring their own bedding and towels. Bedding can be provided by Rocky Ridge for an additional \$60 per person per session.

Residing off campus does not reduce fees.

Family members are welcome to stay on campus with participants when

space is available. Each guest must be registered and pay the required seminar fees by the published deadlines. Minors are the responsibility of the adult participant and are not allowed to be unsupervised at any time while on campus.

****Members of the same family/group will automatically be housed together.****

5. Select housing option *

Mark only one oval.

- Shared cabin with 1 - 3 roommates, no bath
- Private cabin with bath (\$100 extra)
- Off-campus (no discount)
- Other: _____

6. Do you (or other member of your family/group) have a health reason for requesting attached bath? If yes, please explain.

7. Due to mobility limitations, do you (or other member of your family/group) need a cabin with easy access? *

Mark only one oval.

- Yes
- No

8. If other member, please specify

9. Will you need us to provide bedding? How many sets of bedding should we provide? *

Provided bedding is \$60 per set and is for the entire session. It includes a fitted sheet, a flat sheet, one pillow, and two fleece blankets.

Mark only one oval.

- 0
- 1
- 2
- 3
- 4

10. Additional comments

Applicant's Basic Information

11. First Name *

12. Last Name *

13. Age group (all Chamberre musicians MUST be at least 18) *

Minors (under the age of 18) are only permitted on campus as non-participating guests if in the presence of adult parent or guardian at all times. Please specify age under "Other" option below.

Mark only one oval.

- 18-25
- 26-40
- 41-60
- 61+
- Other: _____

14. Gender *

Mark only one oval.

- Male
- Female
- Other: _____

15. Phone number *

16. Email address *

Invoices, communications, and your application confirmation will be sent to this address. (Invoice will go only to "first" member of family/group.)

17. Address *

18. City *

19. State *

20. Zip Code *

21. Country

22. Length of Stay *

Mark only one oval.

- 5 days / 4 nights: \$520
- 4 days / 3 nights: \$416
- 3 days / 2 nights: \$312

23. When do you plan to arrive? *

Example: December 15, 2012 11:03 AM

24. When do you plan to depart? *

Example: December 15, 2012 11:03 AM

25. Type of Application *

Non-musicians accompanying participating musicians are welcome when part of the same family/group

Mark only one oval.

- Musician
- Non-musician *Skip to question 39.*

Musician's Background

The information entered in this and the next section is particularly important for applicants who have not previously attended Chamberre!

26. What instrument(s) will you play at Chamberre? *

(This information will be appear on your name tag)

27. Details regarding instrumental preferences

(Examples: I play mostly violin but will play viola if I can borrow an instrument; I would like to divide my time equally between instruments; etc.)

28. How would you assess your general level of accomplishment on your primary instrument? *

Mark only one oval.

- Advanced Beginner
- Intermediate
- Advanced
- Professional
- Other: _____

29. How would you assess you sight-reading ability in a chamber-music context. *

Mark only one oval.

- Advanced Beginner
- Intermediate
- Advanced
- Professional
- Other: _____

30. **Please briefly describe your musical background (both general and chamber-music experience) and what you would like to gain from attending Chamberre. ***

31. **Do you take private lessons? ***

Mark only one oval.

Yes

No

32. **If yes, please provide teacher name and email.**

33. **Are you currently a university student (or graduate in 2019)? ***

(For student discount, please bring copy of your most recent student ID for validation)

Mark only one oval.

Yes

No

Knowledge of Chamberre

34. How did you learn of Chamberre? *

35. Have you attended Chamberre in the past? *

Mark only one oval.

Yes

No

36. If yes, what years did you attend?

37. Do you want to play in the orchestra for the Sunday concert? *

Mark only one oval.

Yes

No

Maybe

38. Would you consider performing as part of a chamber ensemble on the Sunday concert? *

If you answer "yes," you will be contacted by the concert program director prior to the start of Chamberre

Mark only one oval.

Yes

No

Medical and Dietary Restrictions

It is extremely important to let us know of any dietary restrictions so that our kitchen can prepare ahead of time. We cannot guarantee accommodation without advance notice and we do our best to accommodate every need. If you have a severe food or environmental allergy, please contact the office at 303-449-1106 to discuss options.

39. Does anyone under this application have any diet / nutrition restrictions? *

Mark only one oval.

Yes

No

40. If yes, please explain (vegetarian, vegan, gluten-free, etc.)

41. Is this dietary restriction due to allergy or personal preference?

Please note that our kitchen is unable to be 100% gluten free to accommodate Celiac's disease. However, we can enforce high standards to prevent cross-contamination as much as possible.

42. Additional comments

Medical Restrictions

43. Are there any medical restrictions we should know about?

44. Please list first emergency contact (name, phone numbers, email address) *

45. Please list second emergency contact (name, phone numbers, email address)

46. **Adult Student Authorization for Health Care:** This health history is correct and accurately reflects the health status of the student to whom it pertains insofar as I know. The person described has permission to participate in all camp activities except as noted by me as the responsible adult. I understand that certain students may possibly have medications on their person and in their cabins to treat certain conditions and are solely responsible for controlling those medications. I understand that Rocky Ridge Music Center is not responsible for administering medications or ensuring that they are administered or taken. I hereby grant permission to the physician/medical center selected by Rocky Ridge Music Center to order X-rays, routine tests, and treatment related to the health of this student for both routine health care and in emergency situations. In the event of an emergency situation, I give permission to the physician selected by Rocky Ridge Music Center to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this student. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of this student's health record from providers who treat this student and these providers may talk with the program's staff about this student's health status. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. *

Check all that apply.

By checking this box, I agree to the above statements.

Permission and Waiver

47. Rocky Ridge Music Center has permission to use and publish still or moving video and/or audio recordings of me. These images and recordings will only be used for RRMCC functions including the RRMCC website, photo gallery display, broadcast on local radio stations, and/or newsletters, as well as any other use that will serve RRMCC interests. *

Mark only one oval.

Yes

No

48. Rocky Ridge Music Center has permission to submit stories and images of me to my local newspaper. *

Mark only one oval.

Yes

No

49. I understand that there are risks associated with participation in any camp activity and that risks are inherent in these and other activities. Some of the activities involved will take place in an outdoor environment in mountainous terrain. For this and other reasons, the risks cannot be completely eliminated, altered or controlled. I further understand that Rocky Ridge Music Center does not accept any responsibility for injury to students, damage, or legal claim resulting from participation in non-Center sponsored or unauthorized activities. I release Rocky Ridge from any liability resulting from any such activities and I agree to assume the risk of these activities on behalf of myself and my minor child. I hereby release, waive any claim of liability, agree to indemnify and hold harmless Rocky Ridge Music Center and its employees and agents, with respect to any claim asserted by or on behalf of my minor child or myself as a result of injury, illness, death or damage occurring to my minor child or me while he/she/I participate in any and all Center programs and activities. There are no physical, emotional, or mental problems or limitations associated with my minor child's or my participation in Center activities, except as disclosed by me in writing to Rocky Ridge Music Center. I agree to assume the risks of these activities on behalf of myself and my minor child. I agree that the laws of the State of Colorado shall govern this document and all other aspects of my minor child's or my relationship with Rocky Ridge and its agents and employees. Further, I agree that any legal proceedings concerning any dispute with Rocky Ridge must be filed exclusively in the State of Colorado. I understand that instructors regularly have appropriate physical contact with students, but only as part of their instruction of students. For example, it is common for instructors of wind instruments to place their hands on the students' abdomens to teach them proper breathing techniques. Also by way of example, instructors of string instruments regularly hold students' arms or hands to teach them proper techniques with the bow, and they also have students demonstrate fingering on the instructor's forearm to teach the students to use correct pressure on the strings. I also understand that, due to the nature of Rocky Ridge's facilities, instructor and students regularly have private sessions where they are not observed by (and are not together with) others. I knowingly and voluntarily consent to these activities on behalf of myself and my minor child. I have read and understand the above and will abide by the terms of this document and all Rocky Ridge Music Center policies. I have read and understand the Rocky Ridge Information Handbook and agree to abide by the rules, regulations, and policies outlined within it. *

Check all that apply.

By checking this box, I agree to the above statements.

50. Anything else we should know about the applicant before submission?

Optional Donation

Tuition covers only a fraction of the cost of providing our summer programs and maintaining and improving our historic campus at the foot of Longs Peak. Please consider joining our community of supporters who fill this gap and allow us to continue to improve Rocky Ridge while keeping tuition affordable. Your tax-deductible donation will help ensure that Rocky Ridge Music Center will transform lives through music, nature, and community for generations to come.

51. Would you like to make a donation? *

Mark only one oval.

- Yes
- No

52. If yes, please enter amount here:

Click Submit!

Thank you for finishing your application to Chamberre in the Rockies! Hit the submit button below and your application will be sent to us.

