Queensland Youth Band Camp

Friday 16th January – Sunday 18th January 2015
QCCC Brookfield, 179 Gold Creek Road, Brookfield, Queensland
(Brisbane)
Ph (07) 3374 1166 Fax (07) 3374 1321

Your child is invited to attend the 2015 Youth Band Camp, proudly hosted by the Queensland Band Assoc. The Youth Band Camp is open to all school aged brass and percussion players. (min.10 years)

QCCC Brookfield has been selected as the site for the 2015 camp. Brookfield is a 35 minute drive from the city centre. The site provides modern, clean, ensuite accommodation, quality meals and excellent facilities.

Students will be involved in band rehearsals, sectionals and tutorial sessions. There will be time for students to enjoy the pool, tennis courts, beach volleyball and games room.

Students must be of school age in 2014 to participate. The minimum age is 10, however students under 10 will be considered for day participation only. The camp coordinator has been appointed by the QBA and selected house parents will also be working at the camp. QBA representatives are first aide qualified and all adults on site have current blue cards.

Registration will be on Friday 16th January at 11am at QCCC Brookfield. Students will have a short briefing and engage in their first rehearsal at 11.30am. The camp will conclude with a 2.30pm afternoon tea for families and camp participants and free concert at QCCC Brookfield for all families on Sunday 18th January at 3pm. Students will be provided with a Youth Band Polo Shirt for the concert and be asked to wear black trousers and black shoes.

On other days, students are asked to wear casual clothes and have covered shoes. They will also require a pillow, bedding, toiletries, instrument and a small amount of spending money. (if they want to use the drink vending machine) Music stands are supplied.

After the payment deadline, all extra communication (final itinerary, reminders etc.) will be communicated via email through the Camp Director. Camp places are limited to 80.

OWEN CLARKE - BA, BMus, Gr Dip Arts (Conducting), Assoc. Dip Mus.
The QBA is very excited to welcome Owen as the Musical Director for this year’s camp. Owen is the Director of Music at the Royal New Zealand Navy Band. He has worked with Orchestras and Brass Bands in New Zealand and is a highly respected adjudicator, examiner, clinician and performer. Owen’s main instrument is Trombone, however he also has experience in Violin, Voice and Speech & Drama.

Since his return to New Zealand in 2000 he has become very involved in the music development and education of young people. Owen has developed an instinct for creating an enjoyable and fun atmosphere in which to learn, as well as inspiring players to work hard and achieve.

To secure a place at the 2015 Youth Band Camp, please return your $370 payment no later than 28th November and return pages 2,3 and 4 to the QBA committee. We look forward to a musically rewarding and enjoyable experience for our young musicians.

Annette Ries (President, QBA)
QBA Youth Camp
APPLICATION FORM

16th January – 18th January 2015
Payment due no later than Friday 28th November

NAME __________________________________________ DATE OF BIRTH ___________

ADDRESS __________________________________________ POSTCODE __________

PHONE _______________ EMAIL ______________________

BAND/SCHOOL ___________________________ INSTRUMENT __________________

BAND DIRECTOR & PHONE CONTACT ____________________________________________

EXPERIENCE
__________________________________________________________________________
__________________________________________________________________________

MUSIC LEVEL/PLAYING COMPETENCY
__________________________________________________________________________
__________________________________________________________________________

PAYMENT
Camp cost is $370 due no later than Friday 28th November 2014 to The Secretary, QBA, P.O Box 8262, Sunnybank, 4109.

This fee includes the Youth Brass Band polo shirt, accommodation, meals, tutor and conductor costs.

<table>
<thead>
<tr>
<th>Cheque</th>
<th>Please make cheques payable to the Queensland Band Association and post entry forms with payment</th>
<th>PO Box 8262 Sunnybank, 4109</th>
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<tbody>
<tr>
<td>EFT</td>
<td>Use reference Surname/Youth Band Camp and email forms to <a href="mailto:Tanya.torpy@optusnet.com.au">Tanya.torpy@optusnet.com.au</a> or post to the address above</td>
<td>Queensland Band Assn BSB 124001 ACC 10006159</td>
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SUNDAY 18th JANUARY – Afternoon Tea (for catering purposes)
There will be ______ guests attending the concert and afternoon tea at 2.30pm on Sunday 18th January at QCCC Brookfield.
Student Information Record
QBA Youth Camp 16th – 18th January 2015

Student Name: ________________________________  Medicare Number ____________________________

Is there any medical or psychological reason to prevent your child from participating in any of the activities whilst on tour? If yes, give details.

________________________________________________________________________________________________________

Medical Practitioner:
Name of Family Doctor: ____________________________________________________
Address: __________________________________________________________________________
Telephone Number (       )________________

Heart Problems YES/NO
Respiratory Problems e.g. Asthma YES/NO
Allergies YES/NO
Travel Sickness YES/NO
Blood Pressure YES/NO
Operations YES/NO
Epilepsy YES/NO
Recent Illnesses YES/NO
Injections and when e.g. Tetanus YES/NO
Drug reactions YES/NO
Sleep Walking YES/NO
Phobias YES/NO
Special Diet YES/NO
Other Information YES/NO

Emergency Contact: ____________________________________ Phone: ______________________
Relationship: ______________________ Address: __________________________________________

Current Prescribed Medication(s)
The medication(s) listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in this camp.

I hereby request the adult accompanying the excursion to administer the medication(s) in accordance with the instructions written on the medication container(s) by the pharmacist in accordance with the medical practitioner’s instructions. I understand that all unused medication(s) will be returned to me.

Signature of Parent/Guardian ___________________________________________ Date: ___________
Printed name: _______________________________________________   Date: ___________________

NAME OF MEDICATION QUANTITY OF MEDICATION TIMES FOR ADMINISTRATION

SHIRT ORDER
Name

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<thead>
<tr>
<th>Shirt Size</th>
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<tr>
<td>8</td>
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<tr>
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<td>61</td>
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INFORMATION FOR BAND MEMBERS & THEIR FAMILIES

1. **No Smoking and No Alcohol.** This applies to band members and staff.

2. Camp participants are to accept all instructions from the camp staff. The staff reserve the right to send home at parents’ or member’s expense any participant who wilfully and consistently refuses to comply with instructions. If for any reason whatsoever, a member returns home, all costs incurred (including that of a chaperone) are to be borne by the parents/guardians of the member, or the member if he/she is over 18 years of age.

3. Participants will not be allowed to leave the camp unless in the care of a staff member or by prior written agreement between the member and his/her parents.

4. Band members are expected to **respect the property** of the QBA and that of our hosts.

5. No one will be permitted to join the camp without submitting an up-to-date medical form. These are confidential and only viewed by the Camp Manager.

6. Whilst on camp, parents may not remove their child from the camp (for any amount of time at all) without the Camp Manager’s permission.

7. Students with their own vehicles are not permitted to leave the QCCC Brookfield site. The vehicle is for arrival and final departure only.

8. A security guard will be on duty each night at camp.

9. By signing this form I give permission for the band to use any photo taken of myself/my child for the purposes of news items or publicity including the publishing of names.

10. We believe **communication** is the essence of success and ask you to email the Camp Manager, Christine Jabs on christinejabs@yahoo.com if you do not understand any of this information or have any further questions.

   **By signing this form I acknowledge that I/the camp participant in my care, have/has read and understand/s all the items listed above, and agree to abide by it entirely. I also am fully aware that the QBA holds no insurance to cover instruments or personal belongings.**

I have read the rules for the QBA Youth Camp 2015, and agree to comply with them.

Name of Member __________________________________________

Signature of Member ________________________________ Date _____________________

**If the member is under 18 years of age the parent or guardian of the member must complete this section.**

As the parent/guardian of ______________________________ I give permission for him/her to participate in the 2015 Youth Band Camp. I have explained all the rules and conditions set out above to my child and he/she and I will abide by them.

Name of Parent or Guardian ___________________________________________________

Signature of Parent or Guardian _____________________ Date _____________________