



***RSCM-2024 Carolina Summer Choral Residency for Choristers and
Adults
July 8-14, 2024***

Dear Chorister:

Hello there! We are very excited about the 2024 Carolina Summer Choral Residency for Choristers & Adults! We welcome you again to Duke University in Durham, NC and we will be singing both services in Duke Chapel!

This is the packet for registration for the RSCM-2023 Carolina Summer Choral Residency for Choristers & Adults to be held July 8-14, 2024. You will also be able to register online through our website at www.carolinarscm.org.

Please fill out all the forms and have them signed by the appropriate people (parents/rectors/choir directors) and send them in with your deposit/entire fee to the course registrar. Check with your choir director to see if your church is a member of RSCM. Church membership will allow you to take the discount. ALL forms are to be returned. Please read carefully and sign the Behavior Policy. These are rules that we all need to follow.

Please work with your choir director so that you are very familiar with the music ahead of the course! This makes it easier to begin making wonderful music together!

All choristers attending the course will be required to have proof of their Covid-19 immunizations. Not only does the course require this, but Duke University does as well and we must abide by their rules in order to be on their campus.

If you have any questions, please do not hesitate to contact me! All the materials are also available on our website at www.carolinarscm.org. I will be sending you additional information regarding the course and where to come on the campus in the spring. We will be staying in dormitories very near Duke Chapel.

We look forward to having you with us this summer for a week of music and fun!

Marilyn Neely

Course Registrar

RSCM Carolina Summer Choral Residency for Choristers & Adults

1765 W Pennsylvania Ave

Southern Pines NC 28387

registrar@carolinarscm.org

910-690-9236

**RSCM-2024 Carolina Summer Choral Residency
For Choristers and Adults**

Chorister Application
July 8-14, 2024

CHORISTER INFORMATION:

Name: _____
Last First Middle Name you wish to be called

Age in July: _____ Birthdate: _____ Grade in Fall of 2023: _____ T-shirt Size: _____
Please indicate for T-shirt Youth (S,M,L,XL), Ladies V-neck (S,M,L,XL,XXL) or Regular (S,M,L,XL,XXL)

Address: _____

Phone _____ / _____ / _____
Home Cell Chorister's email address

Have you attended other RSCM Courses? _____ If so, when _____ where _____

PARENT/GUARDIAN INFORMATION:

Name(s): _____

Address, if different from above: _____

Phone _____ / _____ / _____
Home Cell Parent's email address

CHOIR INFORMATION:

Church Name and Address: _____

_____ Phone: _____

Choir Director: _____

Phone _____ Email _____

We certify that this chorister is in good standing and mature enough socially and musically to function in this intensive experience. The chorister comes with the recommendation of the Choir Director AND Rector/Minister. Please have both sign below.

Choir Director Date Rector/Minister Date

**\$850 (\$900 after April 1) Does NOT include music!
\$25.00 deduction for RSCM members
Non-refundable Deposit of \$100.00 due with application form**

Balance due June 1, 2024

*Checks should be made payable to:
RSCM Carolina Summer Choral Residency for Choristers and Adults
(RSCM)*

RSCM-2024 Carolina Summer Choral Residency for Choristers and Adults Behavior Policy

July 8-14, 2024

CHORISTER, PARENT & CHOIR DIRECTOR - PLEASE READ CAREFULLY THE NUMBERED RULES AND SIGN BELOW

The RSCM Training Courses respect the judgment of all participants. Our policies have been established to help ensure safe and enjoyable training courses. The safety of all and the success of the program depend upon the actions of each participant.

Therefore, any RSCM participant whose attitude, conduct or behavior is detrimental to the course or to the reputation of the program, who endangers herself or other members of the group in any way, or who uses alcohol or tobacco, or any non-medical drug during the course, will be dismissed from the course at the discretion of the music director, managers, chaplain, or head proctor. Under such circumstances, all additional transportation, communication, accommodation, or other expenses incurred by the dismissed participant shall be the full responsibility of the participant's parent(s) or legal guardian(s). There is no refund whatsoever for participants who are expelled, regardless of the point at which they are dismissed.

Because this course offers an intensive experience in-group living, we recommend that participants display not only a strong interest in singing, but also an ability to work and play responsibly as well as to respect their peers and those in authority. We ask that the choirmaster not recommend any chorister whose behavior may potentially be disruptive to this kind of intensive social experience.

1. No use or possession of illegal drugs, alcohol or tobacco products. A chorister found in possession of any of these items will be sent home immediately at the expense of the parents or guardians.
2. Lights out will be strictly enforced. This time is defined as the time for bed – lights off, quiet, going to sleep.
3. Full participation is expected for scheduled activities (rehearsal, liturgies, meals, activities). The first aid staff/Head Proctor and Course Manager must approve exceptions.
4. No visitors are allowed during the course. Parents are welcome to attend liturgies but are requested to limit interaction with participants. No one is allowed to visit participants in the dorms at any time.
5. No participants may leave the site of the course.
6. No one under age 25 may drive other course participants during the week.
7. Inappropriate social conduct will not be allowed.
8. Profanity and language not befitting Christian youth will not be allowed.
9. **Choristers are at the course to sing, participate and interact with friends old and new—leaving the outside world outside! Cell phones and other electronic equipment are not to be seen. If they are seen, they will be taken from the chorister and returned at the end of the course.** Your child may not be able to respond to your emails, phone calls, or any other communication from you. Rest assured that they are fine. We will contact you if there is a real problem that we cannot handle. We promise!
10. Adjudication of these rules and any other behavioral issues will be under the jurisdiction of the Course Manager and the Head Proctor.

Participant's signature

Date

Parent's / Legal guardian's signature

Date

Choir Director's signature

Date

RSCM-2024 Carolina Summer Choral Residency for Choristers and Adults
Consent Release Form
July 8-14, 2024

Name of Chorister _____

In consideration for allowing my child to participate in the Royal School of Church Music Carolina Summer Choral Residency Course for Choristers and Adults from July 8-14, 2024, at Duke University, we/I hereby release The Royal School of Church Music, the Carolina Summer Choral Residency for Choristers and Adults, all employees of the Royal School of Church Music, all course volunteers, Duke University and employees of Duke University, who participate in the activities of the course (directly related, as well as ancillary thereto) from liability on my behalf and on behalf of my minor child, based on a claim of negligence arising in any way from my child's participation in the course and the activities which take place during the course (i.e. all activities of whatever nature from the time my child leaves my care, custody and control in anticipation to the departure of the course, until the time my child is returned to my care, custody and control after the termination of the course) except to the extent the injury is covered by any insurance procured by the Royal School of Church Music, Carolina Summer Choral Residency for Choristers and Adults and/or Duke University which insurance does not allow for subrogation of the claim against the course/school employees or volunteers alleged to have been negligent, or to the extent and amount the injury is specifically covered by insurance providing coverage for the person or persona alleged to have been negligent. This release relates solely to ordinary negligence and does not apply to willful or wanton negligence or intentional misconduct on the part of any employee or volunteer.

Additionally, we/I specifically agree to indemnify and hold harmless The Royal School of Church Music, Carolina Summer Choral Residency for Choristers and Adults, course employees, course volunteers, Duke University and any employee who participated in any aspect of the course/school from any loss, damage or demand sustained in any way related to my child's participation in the above designated course whether from their alleged negligence or otherwise, except with respect to the individual employee or volunteer where the loss related to willful or wanton negligence or intentional misconduct of the course/school employee or volunteer. This release and indemnity as to The Royal School of Church Music, Carolina Summer Choral Residency for Choristers and Adults and Duke University are absolute to the extent not covered by insurance.

I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during the aforementioned period of time, regardless of whether such treatment or services become necessary by reason of an emergency, unanticipated condition or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of licensed physicians.

I hereby give my authorization and consent for my child accompanying you to and from all authorized off campus RSCM activities from July 8-14, 2024, being subject to your supervision during the term thereof.

IMMUNIZATION RECORD: Please record the dates your child received the following immunizations or attach immunization record from physician.

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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

Polio 1 _____ 2. _____ 3. _____ 4. _____ 5. _____

Hepatitis B 1 _____ 2. _____ 3. _____

MMR#1 _____ MMR#2 _____ Measles _____ Rubella _____

Mumps _____ Tetanus, Diphtheria Booster _____ Covid 19 _____ (picture)

HEALTH INSURANCE POLICY:

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD!!!

Telephone number where parents can be reached during the course:

Daytime _____ Evening _____

Please let us know anything of a medical nature that might be helpful to the staff. Remember that we have your child in our custody and need to be aware of any concerns!

Allergies? _____ Allergic to what? (**food, insect bites**, etc.)

Any known drug sensitivities? (Penicillin, etc.)

We will provide all over the counter medicines that are common such as Tylenol, Pepto-Bismol, Advil, etc. Are there any over-the-counter products you do **NOT** want given to your child?

Please specify: _____

Please bring with you any uncommon 'over the counter' medicines such as Zyrtec, etc.

Are there any other special conditions (medical, dietary, etc.) we should know about? **Please mention any prescription medications your child will need and the time of administration. First Aid Staff will administer these medications. (Send in Rx container with name and dosage.)**

SIGNATURES

_____ Date _____

Father's signature

_____ Date _____

Mother's signature

Signatures of both parents, custodians, or guardians of above-named child are required. (Both parents must sign or in the case of divorced parents, the parent with custody.) Release must be signed before the child can participate in any RSCM activity.

*Please mail this form to: Marilyn Neely, Registrar
1765 W. Pennsylvania Avenue, Southern Pines, NC 28387*

RSCM 2024 Carolina Summer Choral Residency for Choristers & Adults

Photo/Media Release

July 8-14, 2024

I grant to the Episcopal Diocese of North Carolina and the RSCM Carolina Summer Choral Residency for Choristers and Adults - 2024 the right for staff to take, copyright, and publish photographs, audio, or video footage of my child in print and/or electronically. This release is also to include the websites, Facebook, Instagram, etc. pages of said entities.

I agree that The Episcopal Diocese of North Carolina and RSCM – Carolina Summer Choral Residency for Choristers and Adults may use such photographs and recordings as publicity, or advertising to further their ministries and musical activities, and I waive any right to compensation, royalties, or ownership.

Name of Chorister _____

Parent signature

Date

Please mail this form to: Marilyn Neely, Registrar
1765 W. Pennsylvania Avenue, Southern Pines, NC 28387

**RSCM-2024 Carolina Summer Choral Residency
for Choristers and Adults
Travel/Roommate**

Participant's Name _____

*Please plan so choristers arrive at Duke University
between 1:00 pm and 4:00 pm on Monday, July 8, 2024.
Please DO NOT arrive before 1:00 PM*

Travel - Arrival to and Departure from Course:

I will be arriving and departing by: Car _____ Plane:* _____ Other: _____

*Arrival: Airline _____ Flight # _____

Date: _____ Time: _____

Participants will be met at baggage claim at the Raleigh-Durham International Airport (RDU). You may request that your child be met instead at the gate. Please contact us prior to making your reservations if so. If the airline requires a name for the person who will be meeting the flight, use the Course Manager's name, Matthew Brown, with the understanding that other official RSCM assistants may meet flights. They will have proper signage and identification for pickup.

*Departure: Airline _____ Flight # _____

Date: _____ Time: _____

***Please arrange airline departures for no earlier than 7:15 pm on Sunday
from the Raleigh-Durham International Airport (RDU).***

Roommate Request:

List your roommate choices below and we will attempt to assign roommates accordingly. We cannot guarantee your roommate choice as assignments will be made depending on the number of choristers and their ages, but we will make every effort to respect your choices.

Roommate Choice 1: _____

Roommate Choice 2: _____

Roommate Choice 3: _____

***Please mail this form to: Marilyn Neely, Registrar
1765 W. Pennsylvania Avenue, Southern Pines, NC 28387***