

ST. OLAF SUMMER MUSIC CAMP 2009 Registration

First Name _____ Last Name _____

Street Address _____

City/State/Zip _____

Parent/Guardian Name _____ St. Olaf Alum? Year: _____

Email _____ Phone _____

Roommate requested (one only and roommates need to request each other)

Gender: male female Date of Birth: ____/____/____ T shirt size: S M L XL XXL

High School _____ High School graduation year _____

Music Camp Ensemble, Lessons and Class Registration

Major Ensemble Selection: Select one or two ensembles and be sure to list your instrument or voice part. *Orchestra winds and percussion are by audition only.*

- Orchestra: instrument _____
- Band: instrument _____
- Choir: voice part _____

St. Olaf is able to provide instruments if you cannot bring yours. Please indicate what instrument, if any, you will need. (percussionists must bring their own sticks and mallets): _____

Private lessons: Select any instrument, voice for your lesson package. One set of two lessons is included with your camp tuition. A second, optional, package is available for a \$60 fee.

Lessons (Included): voice instrument _____

Optional lesson package (\$60): voice instrument _____

Daily Classes: Choose five classes you would like to take and rank them according to your preference (1-best). You will be enrolled in two to three classes, depending on your major ensemble participation. Every effort will be made to give those who register prior to May 17 their first and second choices.

- Chamber Music: Brass: what instrument will you play? _____
- Chamber Music: String/Piano: what instrument will you play? _____
- Chamber Music: Woodwind: what instrument will you play? _____
- Ear Training
- Music Theory
- Rhythm Workshop
- Conducting Basics
- Jazz Improvisation: what instrument will you play? _____
- Gospel Choir
- Musical Theater
- Hand bells experienced not experienced
- Songwriting

FEES AND PAYMENTS: check one box only, and check all circles that apply

- | | | | |
|--------------------------|--|--------|-------|
| <input type="checkbox"/> | Music Camp residential campers: postmarked prior to May 15 | \$ 550 | _____ |
| <input type="checkbox"/> | Music Camp commuters: postmarked prior to May 15 | \$ 500 | _____ |
| <input type="radio"/> | Optional Lesson Package | \$ 60 | _____ |
| <input type="radio"/> | Late charge for registrations received after May 15 | \$ 50 | _____ |

____ Number final concert CDs (Final concert features band, choir and orchestra \$12/ea) _____

Total Due \$ _____

Payment.

Pay the full amount now or send a \$100 non-refundable deposit with balance due on May 15.

Credit Information

Amount to charge at this time \$ _____

If you elect to pay the deposit at this time, the remaining amount due will automatically be charged to this same account on May 15.

Visa MasterCard Discover

_____-_____-_____
Card number

_____/_____
Expiration

Name on card

Signature

Make checks payable to St. Olaf College and mail to:

St. Olaf Music Camp
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Or you may fax registration with credit information to:

507-786-3690

Or: Register securely on-line at www.stolaf.edu/camps

Refund policy: Written cancellations received prior to May 15 will receive a refund less the \$100 non-refundable deposit. No refunds will be made after May 15. Substitutions are accepted.

PARENT WAIVER

As the parent or guardian of the minor listed above, I consent to his/her participation in the St. Olaf Summer Music Camp. I understand and agree as follows:

1. My child/ward is healthy and able to fully participate in all camp activities.
2. My child/ward has sufficient health insurance to cover her/him during her/his participation in the program.
3. I understand that St. Olaf College does not provide insurance for program participants.
4. I hereby release all pictures of my minor child taken by St. Olaf College for promotional purposes and programming materials including the college website. Child will not be identified by name.
5. I hereby release and discharge St. Olaf College and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to have relating to, or arising from my child/ward's injury, illness, or death.
6. I agree to indemnify, defend, and hold harmless St. Olaf College and its regents, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in the program, including and without limitation to my child/ward's injury, illness, and death.

Please contact us if your child has any medical condition, including possible reactions to prescription medication or allergies that we should be aware of:

Emergency Contact information

Name and relationship to camper: _____

Phone 1: _____

Phone 2: _____

Alternative Name and relationship to camper: _____

Phone 1: _____

Phone 2: _____

Insurance Provider _____

Policy Number _____

Insurance Provider Phone _____

This waiver will be governed by the laws of the State of Minnesota. I have read this waiver carefully and I understand and agree to be bound by the provisions herein.

Signed

Date