

ST. OLAF SUMMER PIANO ACADEMY 2010: Registration

First Name _____ Last Name _____

Preferred First Name (as you'd like printed on name badge) _____

Street Address _____

City/State/Zip _____

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

Email _____ Phone _____

Gender: M F Date of Birth: ___/___/___ High School grad. year _____ T shirt size YM AS AM A L AXL AXXL

Students will bring one or two well prepared pieces to the academy for performance in the master classes and the formal evening recital. Please list the Composer and Title (include movement if applicable) of the piece(s) you will bring:

Piece 1 _____

Piece 2 _____

Students will bring one or two pieces that they are currently working on and that they would like to refine. Please list the Composer and Title (include movement if applicable) of the piece(s) you will bring:

Piece 1 _____

Piece 2 _____

Student will have an opportunity to participate in a piano ensemble.

- Yes, I **would** like to participate
 No, I **would not** like to participate

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

- | | | | |
|--------------------------|--|-----------------|-------|
| <input type="checkbox"/> | Residential campers: postmarked prior to April 1 | \$ 655 | _____ |
| <input type="radio"/> | Optional Lesson Package | \$ 60 | _____ |
| <input type="radio"/> | Late charge for registrations received after April 1 | \$ 50 | _____ |
| ___ | Recital CD – set of two, \$18/set | \$ 18 /each set | _____ |

Total Due \$ _____

Participation in the Piano Academy is by audition. Your registration must be submitted by April 1st and must include the following:

- Applicants must submit an audition recording (CD or cassette) of two pieces in contrasting styles about 10 minutes in length.
 The piano teacher reference form (<http://www.stolaf.edu/camps/pianoacademy/index.html>).
 A non-refundable deposit of \$100. Students not admitted to the academy will receive a full refund of their deposit.

Applicants will be notified via email of the admission decision via email by April 16. Late applications (after April 1) will be considered on a rolling basis as space allows.

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 with 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 tell 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

Payment

Credit Information

Amount to charge at this time \$ _____
If you are accepted, the remaining amount due will automatically be charged to this same account on May 14th.

Visa MasterCard Discover

_____-_____-_____
card number

_____/_____
expiration

signature

Make checks payable to St. Olaf College and mail with your audition recording to:

St. Olaf Summer Piano Academy
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Payment in Full will be due by May 14.

Refund policy: If you are not admitted to the academy, you will receive a full refund of your deposit. If you are admitted, the \$100 deposit is non-refundable.