



BEGINNING STRINGS CAMP REGISTRATION FORM

August 5-9, 2019

To participate in the CMS Beginning Strings day camp, students must be between the ages of 6-12 years old.

Please print or type.

Date: _____ Instrument Preference: _____ Birthdate: _____ Age: _____

Name: _____ Grade: _____
Last First Middle (Fall 2019)

Street Address _____ City _____ State _____ Zip _____

School Attending Fall 2019 _____ Arm Length in Inches: top of shoulder to fingertips **(REQUIRED)** _____

Parent/Guardian's Name _____ Phone (home/cell) _____ E-mail _____

Emergency Contact Information: List the name and contact information of the person who may be reached in case of an emergency. Please note, your emergency contact information and signed Media Release/Medical Treatment Authorization form (provided) is required for registration.

Name _____ Phone (home/cell) _____ (work) _____

Camp Fee: \$140.00 (includes camp t-shirt, one DVD featuring end-of-camp performances, and non-refundable \$20 deposit) \$ 140.00

Circle T-Shirt Size: YOUTH: S (6-8) M (10-12) L (14-16) ADULT: S M L XL

NOTE: Shirt sizes cannot be exchanged after July 19, 2019

Purchase Additional Concert DVD(s): \$15.00 per additional DVD \$ _____

TOTAL AMOUNT DUE (payment can be made by check or credit card): \$ _____

My child has an instrument he/she can use during camp. It is an appropriately-sized: violin viola cello

My child will need to borrow an instrument during camp. (Please note, we will do our best to place students with their instruments of choice, but cannot guarantee a specific instrument.)

Deposit: A non-refundable \$20 deposit is due with your registration form. The remaining portion of the camp fee (\$120) is due by the deadline listed below. **After July 19, 2019, there will be no refunds except in the event of illness.** If your registration is declined due to instrumentation limitations, you will receive a full refund.

Deadline: Registration and payment deadline for camp is July 19, 2019. Students may not be allowed to attend camp if full payment has not been received by this deadline.

How did you hear about us? _____

Refer a friend: If campers refer a friend who did not attend camp last year, and this person registers, the camper who made the referral will receive a \$25 CMS gift certificate. **If you were referred to camp by a friend, please provide his/her name:** _____

PAYMENT INFORMATION

Pay by check. Make checks payable to Michigan State University. A check in the amount of \$ _____ has been enclosed.

Pay by credit card. Please provide the following information.

Credit card number _____ Expiration date _____

Card holder's name (please print) _____

Card holder's signature _____ Amount approved to charge _____

SEND COMPLETED REGISTRATION TO: MSU Community Music School; 4930 S. Hagadorn Rd., East Lansing, MI 48823
Questions? Contact us at (517) 355-7661.

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: _____
Event Date(s): _____
County: _____

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU CMS are sometimes photographed and videotaped for use in MSU CMS promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) _____

Signature _____

(Parent or guardian must sign here if subject is under age 18.)

Date _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name _____

Birth date _____ Phone (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

Does the participant have any chronic health problem or illness? _____

Does he or she have any acute illness now? _____

Has the person been treated recently for some medical problem? _____

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics? _____

Does he or she have any allergies? _____

Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program, medical

treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CMS staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ **Date** _____

Daytime phone (_____) _____

Evening phone (_____) _____



BEGINNING STRINGS CAMP

AUGUST 5-9, 2019

The Beginning Strings Camp is a day camp which introduces violins, violas, and cellos to children ages 6-12 years old. During camp, students receive five days of hands-on instruction on the string instrument of their choice (selected at time of registration), while also engaging in singing and enrichment activities.

Tuition

Camp tuition is \$140, which includes the camp t-shirt and DVD of the end-of-camp performance.

*Financial assistance is available if needed.
Contact CMS for more information.*

Instrumentation

CMS will provide instruments to campers to borrow during camp. Although every effort will be made to match each camper with the string instrument he/she chose at the time of registration, campers may be asked to select an alternate instrument if one is no longer available.

Students who own an appropriately-sized string instrument are welcome to bring this instrument to play during camp.

Schedule

Camp will be held at CMS from:

- 9 a.m. to 1 p.m., Monday-Thursday
- 9 a.m. to 2 p.m., Friday, with the camp concert beginning at 2 p.m.

Each day consists of instruction on the camper's chosen strings instrument, a brief snack time, singing and enrichment activities. **Campers will need to bring a snack and water each day.**

Camp Concert

On the final day, campers get to show off their newly-learned skills at the end-of-camp concert: **Friday, August 9, 2019, 2 p.m. at CMS.**



Community Music School
College of Music
MICHIGAN STATE UNIVERSITY

4930 S. Hagadorn Rd., East Lansing, MI 48823
commusic@msu.edu • www.cms.msu.edu • (517) 355-7661

Help spread the word about the Beginning Strings Camp and share this flier with friends!