

Southern California Suzuki Institute 2011 Chamber Music Workshop Registration Forms

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK .

MAILING INSTRUCTIONS

Please read all the instructions before proceeding!

All forms have been included in this package.

Submit a separate set of registration forms for each student

Please mail the following to:

Nancy Yamagata
18314 Kingsbury St.
Northridge, CA 91326

1. Audition DVD
2. Chamber Music Application form

Please mail the following to:

Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065

1. Institute Application form
2. Participant Contract
3. Payment Form
4. Health Form
5. Liability/Photo permissions release
6. Slide Card Deposit
7. Payment – payable to:
Southern California Suzuki Institute
(SCSI)

If you are staying in the dorm, you must include a separate check for the Slide card/Dorm key/Linens Deposit. This check will be returned upon dorm checkout after all has been accounted for.

PLEASE DO NOT STAPLE ANYTHING!

If you are applying for financial aid you must complete and send all forms and a \$50 deposit to the Institute by May 1, 2011. Please fill out all forms **completely**. If you are not accepted into the workshop, your deposit will be returned. **Full Payment** is due no later than June 15, 2011. **Do not send any financial aid forms to the Institute.** Financial aid is awarded through SMAC/LA, not the Institute.

Southern California Suzuki Institute 2011

Chamber Music Workshop Application Form

(Submit a separate application for each student)

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK .

STUDENT INFORMATION

First Name _____ Last Name _____

Sex: M F Date of Birth _____ Age (on 7/20/11) _____

Parent _____ Phone _____

Address _____ City _____ State _____ Zip _____

Cell _____ Email _____ @ _____

Status (check one): I am applying as an individual
 I am applying as part of an ensemble Please list the names of other ensemble members.

1. _____ 2. _____ 3. _____

INSTRUMENT **Current piece studied:** _____ **Composer** _____

Orchestra experience _____

Pieces previously performed in Chamber Ensemble: _____

Included with this application is my required Audition DVD. _____

NOTE-DO NOT SUBMIT THIS APPLICATION WITHOUT AN AUDITION DVD. (We are only accepting audition material in DVD format)

Teacher's Name (please print)

Teacher's Signature (verify that Book & Piece # are correct)

Send this form and Audition DVD to:

Nancy Yamagata
18314 Kingsbury St.
Northridge, CA 91326

Southern California Suzuki Institute 2011

Institute Application Form - Chamber Music Workshop

(Submit a separate application for each student)

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK .

STUDENT INFORMATION

First Name _____ Last Name _____

Sex: M F Date of Birth _____ Age (on 7/17/11) _____

Parent _____ Phone _____

Address _____ City _____ State _____ Zip _____

Instrument _____ Email _____ @ _____

Adult T-Shirt size (circle only one) S M L XL

I will be attending the pool party on Sunday, July 17. _____yes _____no (Included in tuition)

Disclaimer: The Southern California Suzuki Institute, its director, teachers and volunteers shall not be held responsible for personal injury or any damage to, or loss of, personal property while attending this institute.

Parent's Signature (required) _____ Date _____

Send this form to:

**Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065**

Southern California Suzuki Institute 2011

Chamber Music Participant Contract

As a participant in the Southern California Suzuki Institute Chamber Music Workshop, I agree to abide by the following standards of behavior:

1. Chamber Music Workshop students will respect the rights of other Institute attendees as well as the authority of all Institute administration, faculty, staff members and everyone employed by or associated with Scripps College.
2. Students are to follow the Institute schedule, attend all assigned classes, concerts and scheduled activities.
3. All instruments are to be kept with students or locked in a safe place. The Institute assumes no liability for lost or stolen instruments.
4. No drugs, alcohol or tobacco will be brought to or used on the campus of Scripps College. Students who violate this rule will be sent home. Any and all prescription or non-prescription medicines will be dispensed only according to the parent's instructions.
5. No boys will be allowed in the girls' dorm rooms or vice versa. All socializing is restricted to the dorm lobby or kitchen lounge area. Inappropriate behavior towards members of the opposite sex is grounds for dismissal.
6. All students staying in the dorm will be expected to be in their room no later than 11:00 p.m.
7. Only meal tickets are accepted in the Dining Hall. Students are not allowed to sign in to obtain a meal. Food and drinks may not be taken out of the dining hall or dorm kitchen.
8. We are guests of Scripps College. Please respect their property and belongings so we will be welcome in the future.
9. If problems arise, students should feel free to speak with the Chamber Music Director, the Institute Director or the Teen Dorm Counselor.
10. Chamber Music Workshop students will return all linens and sign out with the dorm counselor. Room keys must be returned to the Institute Headquarters staff before leaving the Institute. If lost or not returned, the following will be charged:
Room Key - \$250; Slide Card Entry - \$25; room lockout (6 p.m. - 8 a.m.) - \$22; missing linens - \$5-\$15.

I understand and agree to these conditions and understand that any infringement of these rules may mean immediate dismissal from the Southern California Suzuki Institute Chamber Music Workshop. All fees and tuition paid will be forfeited.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Send this form to:

**Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065**

Southern California Suzuki Institute 2011
Payment Form - Please complete ONE payment form per family.

Send this form to:
 Southern California Suzuki Institute
 2646 Banbury Place
 Los Angeles, CA 90065

Family Name _____ Phone _____

- **Student Institute Courses:** each student will be scheduled for four classes according to their level, age and ability.
- **Tuition** includes Registration fee, SAA fee, T-Shirt, & Pool Party.
- Unpaid registrations will not be processed until payment is received in full.
- Payment is due no later than June 15, 2011. Late fee applies for payments postmarked after June 15, 2011.

Chamber Music Workshop	\$500	
Suzuki Books 1 – 3 (violin, viola, cello, piano)	\$425	
Suzuki Books 4 – 6 (violin, viola, cello, piano)	\$450	
Suzuki Books 7 & up (violin, viola, cello, piano)	\$475	
Enrichment Class/ Twinkler Class	\$30	
Dorm Housing/Meals (includes 4 nights, 12 meals & pool party) Chamber Music or single - \$500; Family of 2-\$900; Family of 3-\$1200; Family of 4-\$1500		
Commuters: Meals on campus are not available without a meal ticket; tickets must be pre-ordered. Vegetarian is available.		
Lunch/Dinner Ticket (7 meals)	How many: ____ @ \$120 each	
Lunch Ticket (4 meals)	How many: ____ @ \$60 each	
Anyone accompanying a registered student to the Pool Party must have a ticket.		
Age 3 – 11	How many: ____ @ \$11 each	
Age 12 – Adult	How many: ____ @ \$16 each	
DONATION TO SMAC/LA, a 501(c)3 entity (Help us maintain our financial aid fund)		
Credit Card processing	\$15	
TOTAL AMOUNT OF REGISTRATION (Late Fee- If payment is made after June 15, 201, please add \$25)		
Slide card/Dorm key/Linens Deposit (dorm residents only- please include a SEPARATE CHECK which will be returned upon dorm checkout)	\$50	
Slide card (commuters only- please include a SEPARATE CHECK which will be returned upon checkout)	\$25	
Amount Enclosed (including deposit check) <input type="checkbox"/> applying for financial aid		
Balance Due (Financial aid applicants only- minimum \$50 deposit required) (Balance must be paid by June 15, 2011)		
SEND APPLICATION & PAYMENT TO: Southern California Suzuki Institute 2646 Banbury Place Los Angeles, CA 90065	____ Check or money order enclosed ____ Charge to my Visa MC DISC	
	----- - ----- - ----- Expiration Date _____ _____	
	Signature _____	

POSTMARK BY MAY 1 AND RECEIVE A FREE TOTE BAG!

Institute applications and full payment must be postmarked by June 15, 2011. This includes payments of financial aid and scholarships. If not received by the deadline, you will be cancelled. No bills will be sent. The responsibility for balances due is with the applicant. Classes will not be scheduled unless full payment is received. In the event that you must cancel your registration: **there is a \$50.00 non-refundable cancellation fee per participant. The payment of all other Institute fees will be returned if written notice of cancellation is postmarked by June 15, 2011. Due to commitments to faculty and travel plans, Institute withdrawal after June 15, 2011, forfeits full fees. Your submission of this application along with your payment indicates your acceptance of these terms.** A \$25 charge will be imposed on all checks returned for insufficient funds. We recommend you keep a copy of this for reference. The Southern California Suzuki Institute is a chapter of the Suzuki Music Association of California, a non-profit tax exempt organization described in section 501©(3) of the Internal Revenue Code, and voluntary contributions are tax deductible in accordance with applicable law. International participants will be charged for requested information sent by fax or mail outside the continental United States.

HEALTH FORM

An actual physical for Institute is **NOT** necessary so long as all information is complete and correct.

Name _____ Sex _____ Birth date _____
last first middle

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Home Phone () _____ Cell () _____

If not available, in an EMERGENCY contact:

Name _____ Phone () _____

Part One --- Parental Authorization

I understand and certify that my child's participation in the Southern California Los Angeles Suzuki Institute Chamber Music program is completely voluntary. I understand that certain hazards and dangers are inherent in any program and I acknowledge that although the Suzuki Institute of California/Los Angeles has taken measures to minimize the risk of injury to participants, the Suzuki Institute of California/Los Angeles cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the Institute rules and procedures for the safety of all participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the attending physician secured by Suzuki Institute of California/Los Angeles to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent _____ Date _____

If you carry medical insurance, please indicate:

Insurance Carrier _____ Policy # _____

Insurance Carrier Phone Number () _____

Policy Holder's Name _____ SS# _____

Part Two --- Health Information
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Basic Health History:

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma | <input type="checkbox"/> bleeding disorders | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart defect | <input type="checkbox"/> convulsions | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hyperactivity |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> bedwetting | <input type="checkbox"/> sleepwalking | |

Allergies:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> penicillin | <input type="checkbox"/> serious poison ivy | <input type="checkbox"/> bee stings |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> food allergies | <input type="checkbox"/> aspirin |
| <input type="checkbox"/> other (specify): | | |

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles

_____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Institute:

Prescription Drugs Student brings to Institute:

(include instructions)

Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed Institute activities except as noted by me.

Physical Restrictions: _____ Date of Last Physical _____

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____ () _____

Send this form to:

**Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065**

RELEASE OF LIABILITY and PHOTO PERMISSIONS

Release of Liability:

I, _____, agree to release, forever discharge Nancy Yamagata, Jo Shannon, Southern California Suzuki Institute, its faculty and staff, Scripps College, its faculty and staff from any and all such claims of liability, responsibility, obligation that I, my child or children, or our respective heirs, assigns, guardians, distributees, personal representatives, executors, and relatives, may have for any personal injuries, losses, or damages that I, my child or children, or any of our musical instruments may incur during our participation or attendance at the Southern California Suzuki Institute. I further agree to indemnify Glen Nancy Yamagata, Jo Shannon, Southern California Suzuki Institute, its faculty, staff, employees, agents, successors and assigns, Scripps College, its faculty, staff, employees and agents and hold them harmless from any and all such claims, including but not limited to any and all costs of litigation and attorneys fees. This agreement to indemnify and hold harmless extends to my issue, my heirs, assigns, guardians, wards, personal representatives, executors and relatives. I also give my permission to render first aid emergency treatment, if necessary, and to contact medical and dental personnel for any necessary medical and dental treatment.

Agreed, _____
Signature Date

Photo Release & Permissions: Parents or Legal Guardians, please fill out this section for your children:

I, (Print Parent's Name) _____, give Southern California Suzuki Institute permission to use my child(ren)'s name(s) and likeness(es) in its promotional materials and publicity efforts. I understand that the still and motion-picture imagery may be used in publications, print ads, direct mail, electronic media (e.g., website, video, CD), or other forms of promotion. I release Southern California Suzuki Institute, their photographer(s), offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Send this form to:

Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065