Southern California Suzuki Institute 2010

Chamber Music Workshop Registration Forms

(Submit a separate set of registration forms for each student)

PLEASE *PRINT* ALL INFORMATION IN BLUE OR BLACK INK .

MAILING INSTRUCTIONS

Please mail your **audition tape** and **application** to:

Nancy Yamagata
18314 Kingsbury St.
Northridge, CA 91326

Please mail your **application**, **health form, payment** and **payment form** to:

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

If you are applying for financial aid you must send a $50 deposit with payment form **to the Institute** by April 15, 2010. If you are not accepted into the workshop your deposit will be returned. Full Payment is due no later than May 1, 2010. **Do not send any financial aid forms to the Institute.** Financial aid is awarded through SMAC/LA.

Southern California Suzuki Institute 2010

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 7/20/10) _______

Parent _______________________________________ Phone______________________

Address______________________________ City____________________ State_______ Zip_____________

Email_________________@__________________ **T-Shirt size** (circle only **one**) S M L XL

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:____
____

Sight Reading Ability: Suzuki book level____ Other (specify) ____

Included with this application is my required audition videotape (DVD format)_____

NOTE-***DO NOT*** SUBMIT THIS APPLICATION WITHOUT AN AUDITION TAPE.

____________________________________ _____________________________________

Teacher's Name *(please print)* Teacher's Signature (*verify that Book & Piece # are correct*)

Send this form to:

Nancy Yamagata
18314 Kingsbury St.
Northridge, CA 91326

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STUDENT INFORMATION

First Name______________________________ Last Name _______________________________________

Sex: M F Date of Birth___________________ Age (on 7/20/10) _______

Parent _______________________________________ Phone______________________

Address______________________________ City____________________ State_______ Zip_____________

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:____
____

Sight Reading Ability: Suzuki book level____ Other (specify) ____

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

____________________________________ ____________________________________

Teacher's Name *(please print)* Teacher's Signature *(verify that Book & Piece # are correct*)

Send this form to:

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

Southern California Suzuki Institute 2010

Payment Form – Please submit one per family

STUDENT COURSES Each student will be scheduled for four classes according to their level, age and ability.

Twinkle through Book 3…………………..$425
Book 4 – 6……………………………………..$450
Book 7 & up……………………………….…..$475
Chamber Music Workshop……………..$500
Enrichment Class……………………………..$30 (Mon-Wed)

Tuition: (Includes registration fee, SAA fee, T-Shirt, Tote bag, & Pool Party): $__________
Housing *(includes 4 nights, 12 meals)CM student-$500; Family of 2-$900; Family of 3-$1200; Family of 4-$1500*

(Meals on campus are not available without a ticket; tickets must be pre-ordered. (Vegetarian is available)
Lunch/Dinner Ticket (7 meals - $120) _______tickets x 120 = $_________
Lunch Ticket (4 meals - $60) _______tickets x 60 = $_________

(**Anyone accompanying a student to the Pool Party must have a ticket**)
Additional Pool Party tickets ___8 - Adult($16) ___age 3 – 7 ($11) Total $_________

Additional T-Shirts (Child $15 –Adult $20): C-sm ____C-med _____C-lg _____A-sm _____A-med _____A-lg _____A-ex lg Total: $___________

Tuition, Housing, Pool Party, Meal tickets, T-Shirts **TOTAL**: ___________ I**f postmarked after deadline, add $25**

SEND REGISTRATION & PAYMENT TO:
Southern California Suzuki Institute
2646 Banbury Place
Los Angeles, CA 90065

MUST BE POSTMARKED BY MAY 1st!

(Please add $15 for credit card processing)
___ Check or money order enclosed ___ Charge to my **Visa MC DISC** (**c**ircle one)
__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Expiration Date______|______

Signature____

Chamber Music Workshop registration and full payment must be postmarked by May 1, 2010. 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 May 1, 2010. Due to commitments to faculty and travel plans, Chamber Music withdrawal after May 1, 2010 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

THIS FORM IS TO BE COMPLETED AND MAILED to Southern California Suzuki Institute, 2646 Banbury Place, Los Angeles, CA 90065. 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

Basic Health History:

☐ frequent ear infections ☐ asthma ☐ bleeding disorders ☐ diabetes

☐ heart defect ☐ convulsions ☐ epilepsy ☐ hyperactivity

☐ hypertension ☐ bedwetting ☐ sleepwalking

Allergies: ☐ penicillin ☐ serious poison ivy ☐ bee stings

☐ hay fever ☐ food allergies ☐ aspirin

☐ 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 ______________________________ ( ) ____________________