WALDORF COLLEGE PIANO CAMP 2013

For students entering grades 5 through 12
(Iowa Music Teacher's Association Syllabus Level C or higher)

641-585-8177
E-mail: taylork@waldorf.edu

Middle School camp: August 1-4, 2013
High School camp: August 4-7, 2013

REGISTRATION FORM -- Duplicate as needed. Please type or print all information.

Student Name: _____
Student Gender (Check one): Male ☐ Female
Address: _____
City, State, Zip: _____
Home telephone no.: _____
E-mail address: _____
Age: _____
Grade you are entering in Fall 2013 (Must be 5th grade or higher): _____
Which camp you are attending (Check one): Middle School ☐ High School ☐
T-Shirt size (circle one): S ☐ M ☐ L ☐ XL ☐ XXL ☐
Parents' Names: _____
Parents' Address (if different from the student):
_____
Are you staying on campus? Yes No
If not, where will you be staying? _____
If yes, do you have a roommate choice? Name? _____
Your piano teachers' name and address:
_____
_____
How many years of private study: _____
List your current level according to the IMTA Syllabus: _____
List your current piano study books and their levels:
_____
_____
_____
_____

_____ _____
Parent or Guardian's Signature Date

Camp Fee: $425.00
Off-Campus Fee: $375.00
Please make checks out to "Waldorf College".

Mail all forms with payment to:
Waldorf College
Summer Music Camps - Monica Scarano
106 South Sixth Street
Forest City, Iowa 50436

Waldorf College Piano Camp

August 1-7, 2013

Medical Release Form

My son/daughter _____ has permission to participate in the Waldorf College Piano Camp to be held on the Waldorf College campus from August 1-7, 2013.

If a serious illness or accident should occur, every effort will be made to contact parents or guardians. However, in the event that a delay in medical or surgical treatment may be detrimental to the health of a student, authorization for consultations and treatment by an area physician is requested. The college assures that medical information will be regarded as confidential and shared only as necessary. Permission is hereby granted for routine medical treatment, dental treatment, surgery, emergency services, and release of insurance information to medical services. The parent/guardian will be responsible.

Prescription medication and dosage student will be taking while on campus:

_____

Does the student: Take medication by his/herself_____ Require adult supervision _____

Is the student allergic to any medicines or foods? Please provide a detailed list below:

_____

_____

_____

Please provide your health insurance information in case of emergency.

Health Insurance Company:

_____

Policy Number:

_____

Telephone Number of Insurance Company: _____

Parent Home Phone: _____

Parent Cell Phone: _____

Waldorf College Piano Camp

August 1-7, 2013

Swimming Permission Slip

My son/daughter _____ has permission to swim at the YMCA pool during Piano Camp, August 1-7, 2013.

_____

Parent Signature Date

_____

Signature Date