# WALDORF COLLEGE PIANO CAMP

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

641-585-8177
E-mail: taylork@waldorf.edu
June 20-23, 2012

## REGISTRATION FORM

**Duplicate as needed.**
**Please type or print <u>all</u> information.**

Student Name: _____

Male: ☐ Female: ☐

Address: _____ City, State, Zip: _____

Home telephone no.: _____ E-mail address: _____

Age: _____ Grade you are entering in Fall 2012 (Must be 5th grade or higher): _____

T-Shirt size (circle one): S ☐ M ☐ L ☐ XL ☐ XXL ☐

Parent's Names: _____

Parent's 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:

_____

_____

_____

Camp Fee: $300.00

If you do not stay on campus, the fee: $250.00

____ _____ ____ _____

Parent or Guardian's Signature Date

# Waldorf College Piano Camp

June 20 – June 23, 2012

**Medical Release**

My son/daughter _____ has permission to participate in the Waldorf College Piano Camp to be held on the Waldorf College campus from June 20 – June 23, 2012.

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 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: _____

**Swimming Permission Slip**

My son/daughter _____ has permission to swim at the YMCA pool during Piano Camp, June 20 – June 23, 2012.

**Signature**

_____ _____

Signature Date

Mail to:

Waldorf College

Summer Music Camps-Monica Scarano

106 South Sixth Street

Forest City, Iowa 50436

Waldorf COLLEGE