

Summer Music Institute @ Moravian College

Moravian College Music Institute • 1200 Main Street • Bethlehem, Pa. 18018-6650

Phone: (610) 861-1650 • Fax: (610) 861-1657 • E-mail: music@moravian.edu

July 15-19, 2019

Registration Form – Vocalist

Full Name of Participant: _____ Age _____

Parent or Guardian: _____

Address: _____
Street City State Zip

E-mail Address: _____

Telephone #: _____
Preferred Alternate Student Cell Phone

School: _____ Grade: _____ Shirt Size (Adult S-XL) _____

How long have you been singing? _____ Participated in a choir? _____ Voice part: _____

Have you had private voice lessons? _____ Instructor: _____ Years studied: _____

Please list any special vocal classes, workshops you have attended? _____

Chamber Ensemble Preference (*check one*): Broadway _____ Jazz _____ Classical _____

How did you hear about the camp? _____

Camp fee: \$425 _____ \$490 with lessons _____

A non-refundable deposit of \$50 due with registration form

\$25 discount if registered by 1/31/19

Balance due by June 21, 2019 - Late Fee \$25

Please make checks payable to: Moravian College • Visa & MasterCard Accepted •

I hereby authorize Moravian College Music Institute to charge \$ _____ to my: VISA _____ MasterCard _____

Card Number: _____ Exp Date: _____

Signature: _____

Name as it appears on card: _____

Please note for your protection, we do not accept emails or email attachments containing personally, identifiable information. [Click here](#) to submit any documents electronically via XMedius SendSecure, our secure file upload portal. Documents can also be sent safely by fax (610) 861-1657 or mail to: Moravian College Department of Music, 1200 Main Street, Bethlehem, PA 18018.

MORAVIAN COLLEGE MUSIC INSTITUTE

SUMMER MUSIC INSTITUTE WAIVER FOR ALL PARTICIPANTS

(To be completed and signed by parent/guardian of minors. Please return with registration form)

Name of Participant *(please print)*

Street Address City, State, ZIP

Telephone Number Date(s) of Activity

In consideration of the use of premises or facilities owned or operated by Moravian College and/or in consideration of permitting me/my minor child to participate in the camps, on behalf of myself, my minor child, my heirs, executors, administrators, successors, or assigns I hereby release and forever discharge Moravian College, its agents, servants, and employees of and from any and all manner of actions, causes of action, suits, damages, claims, and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of me/my minor child's participation in the above-listed activity.

I authorize Moravian College to use me/my minor child's name or image broadcast in any news media as part of their presentations of the Summer Music Institute. Such authorization includes current reproduction and future events sponsored by Moravian College or Moravian College Music Institute.

Moravian College assumes no responsibility for the care, custody, or control of participant's personal belongings including instruments.

Medical Insurance: _____

Name of Insurance Carrier; _____

Do you/your child have any allergies or medical conditions that we should be made aware? If yes, please give details.

Emergency Contacts:

1. Name _____ Phone No. _____

2. Name _____ Phone No. _____

Signature of Participant Date

Signature of Parent/Guardian of minor child Date