

# 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 13-17, 2020**

## Registration Form - Instrumentalist

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) \_\_\_\_\_

Instrument: \_\_\_\_\_

How long have you played? \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

String Players:

List the current piece you're working on: \_\_\_\_\_

Can you play in 3<sup>rd</sup>, 5<sup>th</sup>, 2<sup>nd</sup> position? \_\_\_\_\_

Do you have any experience with PMEA District/Honors Band or Orchestra? \_\_\_\_\_

Special Classes, Workshops: \_\_\_\_\_

How did you hear about the camp? \_\_\_\_\_

**Camp fee: \$425**

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

**\$25 discount if registered by 1/31/20**

**Balance due by June 19, 2020 - 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