

Le Moyne College Summer Arts Institute 2013 Application

| Student's Name: | | | | | | | |
|---|--|---|--|--|--|--|--|
| ☐ male ☐ female | Date of Birth (mo./day/year) | | | | | | |
| Grade completed June 2013 S | School attended | District | | | | | |
| Home Address | | | | | | | |
| City/State/Zip | ty/State/Zip Home Telephone # | | | | | | |
| **E-mail to be used for follow-up con (For efficiency and to save environment method of communication for you, please | al resources, we plan to | o send further information via email; if this is not a good mail is not a good method of communication for me | | | | | |
| Name | Daytime Phone Number | | | | | | |
| Name | Daytime Phone Number | | | | | | |
| Camp(s) applying for: | | | | | | | |
| ☐ Film (July 1-12) (also complete SECTION A) | ☐ Theatre (July 8-19) (also complete SECT | ` • | | | | | |
| ☐ Visual Arts (July 22-26) (also complete SECTION D) | ☐ Strings (July 29-A) (also complete SECT | - · | | | | | |
| Film tuition (\$400) Theatre tuition (\$440) | | | | | | | |
| Musical Theatre tuition (\$220) Visual Arts tuition + materials fee (\$245) | | Payment Method Check (made payable to Le Moyne College) Check # | | | | | |
| Strings tuition (\$220) Deposit (\$50 non-refundable) **Pay only if not sending full tuition upon registration** | | ☐ Credit Card ☐ Discover ☐ MC ☐ Visa ☐ AmEx | | | | | |
| Optional extended hours (\$100 theatre or film / \$50 strings, musical theatre, or visual arts) | | Card # Expiration date | | | | | |
| Total enclosed lease use a separate form for each studen | nt. | Print Cardholder's Name | | | | | |
| Mail form and non-refundable deposit to: Le Moyne Summer Art Le Moyne College | | Daytime Phone Number | | | | | |
| 1419 Salt Springs Road Syracuse, New York, 13 | 3214 | Cardholder Signature | | | | | |

Publicity Permission

I understand that photographic images of my child may be taken during workshops, rehearsals, or production. I give the Summer Arts Institute permission to use photographs of my child in future publicity.

| Signature of Parent or Guardian | Date |
|--|--|
| Disab I will require special accommodation to fully particip | control of the contro |
| My requirements:Pleas | |
| Pleas | se indicate requirements |
| | Health |
| Authorization of Medical Treatment of Minor | 'S |
| Student Name: | |
| Parent/Guardian(s) | |
| Address: | |
| Daytime Phone(s) | |
| I, the parent or legal guardian of | (print student's full name) do hereby be administered to the above-named minor in the event that an ne telephone numbers listed above. |
| Signature of Parent/Guardian | Date |
| Family Physician Physician's name: | Telephone: |
| Address: | |
| Emergency Contact Please give name, address and telephone number of a persobe reached. Name: | on to whom we can release the student in case of emergency if you cannot |
| Address: | |
| | Relationship to student: |
| Health History/Allergies Please list anything in your child's health history, including | g allergies, which should be known. |
| | Hospitalization |
| Insurance company or government program: | |
| I.D. or contract number: | |

The Summer Arts Institute does not carry insurance to pay for treatment of any injuries to children participating in its summer program. It is understood that the parent(s)/guardian(s) have health insurance for the student or have the means to pay for necessary medical treatment.

SECTION A: PLEASE COMPLETE THIS SECTION FOR FILM CAMP ONLY

| What kinds of movies to you watch and like best (e. documentary)? | g., action-adventure | e; comedy; drama; biography; |
|---|----------------------|------------------------------|
| What are your one or two favorite films? | | |
| Have you ever worked on a MAC? | | |
| Have you worked with film editing software (iMovi | e, Final Cut Pro, Av | vid)? |
| SECTION B: PLEASE COMPLETE TI | HIS SECTION F | FOR THEATRE CAMP ONLY |
| Have you had any previous theatre experience? | ☐ yes | □ no |
| If yes, please describe: | | |
| | EATRE CAMP | ONLY |
| | yes \square n | 10 |
| If yes, please describe: | | |
| Voice Part: ☐ Soprano ☐ Alto ☐ Te | enor | S □ Unknown |
| Have you ever taken private voice lessons? | yes \square | J no |
| Can you read music? ☐ yes ☐ n | 0 | |
| Do you have a piece that is performance ready? | □ yes □ | J no |
| If yes, please list title: | | |
| Do you have any previous acting experience? | yes \square | no |
| If yes, please describe: | | |

SECTION D: PLEASE COMPLETE THIS SECTION FOR VISUAL ARTS CAMP ONLY

| Have you had any previous | s fine art experience? | ? □ yes | □ no | |
|------------------------------|------------------------|---------------|---------------|-------------|
| If yes, please descri | be: | | | |
| SECTION E: PLEA | ASE COMPLET | E THIS SECTIO | ON FOR STRING | GS CAMP ONL |
| Instrument: ☐ Violin ☐ Viola | □ Cello □ | Bass | | |
| How long have you been p | laying this instrumen | nt? | | |
| Was your instruction | ☐ private | □ school | ☐ group | |
| With whom have you studi | ed? | | | |
| How long have you been re | eading music? | | | |
| Have you been Suzuki traii | ned? □ yes | □ no | | |
| Do you have a polished pie | ece for recital consid | eration? | □ no | |
| If yes, please list tit | le and composer: | | | |