

Le Moyne College Summer Arts Institute 2012 Application

	Today's Date:				
Student's Name:					
☐ male ☐ female	Date of Birth (mo./day/year)				
Grade completed June 2012	_ School attended			District _	
Home Address					
City/State/Zip		Home Telephone #			
E-mail:					
	Parent/Gi	uardian Inj	formation		
Name		Email Addro	ess	Daytime P	hone Number
Name		Email Address Daytime Phone Number		hone Number	
Camp(s) applying for (please check	all that apply):				
☐ Theatre (July 9-20) (also complete SECTION A)	☐ Film (July 2 (also complete		(C)	☐ Strings (Augu (also complete S	•
Theatre tuition (\$400)			Payment N		
Film tuition (\$200)					e Moyne College)
Strings tuition (\$200)			Check #		•
Deposit (\$50 non-refundable)			☐Credit (and	
Optional extended hours (\$100 theatre / \$50 strings or film)			☐ Discover		☐ AmEx
Total enclosed					
2000200000	L		Card #		Expiration date
lease use a separate form for each st	udent.		Curu ir		Expiration dute
Make extra copies of the form as needed (copy both sides)			Duint C - 11 - 1 1		
Mail form and non-refundable deposit to:			Print Cardhold	er s Name	
Le Moyne Summer	Arts Institute		Daytime Phone	Number	
Le Moyne College			Dayume Phone	TNUIIIOCI	
1419 Salt Springs Road			Cardholder Sig	nature	
Syracuse, New York, 13214					

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				
I will require special accommodation to fully p	Disability Accommodation participate in this program.				
My requirements:					
Health					
Authorization of Medical Treatment of	Minors				
Student Name:					
Parent/Guardian(s)					
Daytime Phone(s)					
I, the parent or legal guardian of give permission for emergency medical treatmemergency has occurred and I cannot be reach	(print student's full name) do hereby tent to be administered to the above-named minor in the event that an ed at the telephone numbers listed above.				
Signature of Parent/Guardian	Date				
Family Physician Physician's name:	Telephone:				
Address:					
Emergency Contact	f a person 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, i	ncluding 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.



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SECTION A: PLEASE COMPLETE THIS SECTION FOR THEATRE CAMP ONLY

Have you had any previous theatre experience?		□ yes	□ no			
If yes, please describe:						
SECTION B: PLEASE COMPLETE THIS SECTION FOR STRINGS CAMP ONLY						
Instrument: ☐ Violin ☐ Viola	□ Cello □ I	Bass				
How long have you been playing this instrument?						
Was your instruction	☐ private	□ school	☐ group			
With whom have you studied	1?					
Do you read music?	☐ yes ☐ r	10				
Have you been Suzuki trained? ☐ yes ☐ no						
Do you have a polished piece	e for recital consider	ration?	□ no			
If yes, please list title and composer:						
SECTION C: PLEASE COMPLETE THIS SECTION FOR FILM CAMP ONLY						
What kinds of movies to you watch and like best (i.e., action-adventure; comedy; drama; biography; documentary)?						
What are your one or two fav	vorite films?					
Have you ever worked on a MAC?						
Have you worked with film editing software (iMovie, Final Cut Pro, Avid)?						



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Extended Day Option

In recognition that some youth/parents may have schedules that require a longer camp day, The Le Moyne College Summer Arts Institute will be offering an Extended Day Option. This option will be offered for each of the camps and will allow youth the opportunity to remain, supervised, on campus until 5:30 p.m. During this time, students will be supervised by Le Moyne College interns who are on staff with the camps. Activities will be planned during this time, but it will not be a formal extension of the learning period. The cost of the Extended Day Option will be \$50 per week. If you are interested in choosing this option, please fill out the form below and return it with your registration materials.

Camper name:	
Parent name(s):	
Parent contact phone:	
Emergency contact phone:	-
I would like to choose the Extended Day Option for	
☐ Theatre camp (\$100)	
☐ Film camp (\$50)	
☐ Music camp (\$50)	