LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. JESUIT.

Le Moyne College Summer Arts Institute 2014 Application

Student's Name: _____

❒ male ❒ female Date of Birth (mo./day/year) _____

Grade completed June 2014 _____ School attended _____ District _____

Home Address _____

City/State/Zip _____ Home Telephone # _____

****E-mail to be used for follow-up communication:** _____
(For efficiency and to save environmental resources, we plan to send further information via email; if this is not a good method of communication for you, please let us know.) ___email is not a good method of communication for me

Parent/Guardian Information

_____
Name Daytime Phone Number

_____
Name Daytime Phone Number

Camp(s) applying for:

❒ Visual Arts (July 7-11)
entering grades 8-12
(also complete **SECTION A**)

❒ Film (July 7-18)
entering grades 9-12
(also complete **SECTION B**)

❒ Theatre (July 7-18)
entering grades 5-12
(also complete **SECTION C**)

❒ Strings (July 21-25)
entering grades 4-12
(also complete **SECTION D**)

❒ Beginning Violin (July 21-25)
entering grades 1-3

❒ Musical Theatre (July 28-August 1)
entering grades 9-12
(also complete **SECTION E**)

For all full-day camps, circle t-shirt size: (Adult) S M L XL

Visual Arts tuition + materials fee ($260)	
Film tuition ($460)	
Theatre tuition ($460)	
Strings tuition ($230)	
Beginning violin tuition ($150)	
Musical Theatre tuition ($230)	
Deposit ($50 non-refundable) ****Pay only if not sending full tuition upon registration****	
Optional extended hours ($100 theatre or film / $50 strings, musical theatre, or visual arts)	
Total enclosed	

Payment Method

❒ **Check (made payable to Le Moyne College)**
Check #_____

❒ **Credit Card**
❒ Discover ❒ MC ❒ Visa ❒ AmEx

_____
Card # Expiration date

_____
Print Cardholder's Name

_____
Daytime Phone Number

_____
Cardholder Signature

Please use a separate form for each student.
Mail form and non-refundable deposit to:

Le Moyne Summer Arts Institute
Le Moyne College
1419 Salt Springs Road
Syracuse, New York, 13214

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 _____

Disability Accommodation

I will require special accommodation to fully participate in this program.

My requirements: _____

Please indicate requirements

Health

Authorization of Medical Treatment of Minors

Student Name: _____

Parent/Guardian(s) _____

Address: _____

Daytime Phone(s) _____

I, the parent or legal guardian of _____ (print student's full name) do hereby give permission for emergency medical treatment to be administered to the above-named minor in the event that an emergency has occurred and I cannot be reached at the 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 person to whom we can release the student in case of emergency if you cannot be reached.

Name: _____

Address: _____

Telephone: _____ Relationship to student: _____

Health History/Allergies

Please list anything in your child's health history, including 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 VISUAL ARTS CAMP ONLY

Have you had any previous fine art experience? ❒ yes ❒ no

If yes, please describe:

SECTION B: PLEASE COMPLETE THIS SECTION FOR FILM CAMP ONLY

What kinds of movies to you watch and like best (e.g., action-adventure; comedy; drama; biography; documentary)?

What are your one or two favorite films?

Have you ever worked on a MAC?

Have you worked with film editing software (iMovie, Final Cut Pro, Avid)?

SECTION C: PLEASE COMPLETE THIS SECTION FOR THEATRE CAMP ONLY

Have you had any previous theatre experience? ❒ yes ❒ no

If yes, please describe:

SECTION D: PLEASE COMPLETE THIS SECTION FOR STRINGS CAMP ONLY

Instrument:
❒ Violin ❒ Viola ❒ Cello ❒ Bass

How long have you been playing this instrument?

Was your instruction ❒ private ❒ school ❒ group

With whom have you studied?

_____

How long have you been reading music? _____

Have you been Suzuki trained? ❒ yes ❒ no

Do you have a polished piece for recital consideration? ❒ yes ❒ no

If yes, please list title and composer:

SECTION E: PLEASE COMPLETE THIS SECTION FOR MUSICAL THEATRE CAMP ONLY

Do you have any previous vocal experience? ❒ yes ❒ no

If yes, please describe:

Voice Part: ❒ Soprano ❒ Alto ❒ Tenor ❒ Bass ❒ Unknown

Have you ever taken private voice lessons? ❒ yes ❒ no

Can you read music? ❒ yes ❒ no

Do you have a piece that is performance ready? ❒ yes ❒ no

If yes, please list title:

Do you have any previous acting experience? ❒ yes ❒ no

If yes, please describe: