

**1**

Applicant's Last Name	First Name	MI		
Address				
City	State	Zip Code		
Phone Number	E-mail	Date		
Age	Current Grade	Birthday (MM/DD/YYYY)	Gender	T-shirt size (S, M, L, XL)
Name of Parent/Guardian		Home Phone	Work Phone	

**2**

**Please indicate the primary category for which you are applying and instrument, if applicable.**

<input type="checkbox"/> Band/Orchestra (Instrument) _____	<input type="checkbox"/> Dance _____
<input type="checkbox"/> Piano _____	<input type="checkbox"/> Vocal (Voice Type) _____
<input type="checkbox"/> Creative Writing _____	

**3**

**Please indicate your residential/commuter status**

Residential \$1,750     Commuter \$1,100

**4**

**Additional lessons - \$60 per hour**

week 1     week 1 and 2

**5**

**Dining Preference**

Vegetarian     Kosher  
 Vegan     No Special Preference

While our dining staff takes these stipulations into consideration and makes sure everyone is provided with meal options, please be aware that we cannot personally enforce food preference on your child and that your child is responsible for the dining choices he or she makes.

**6**

**Roommate Request**

\_\_\_\_\_ first and last name

Each participant may file one roommate request. Once roommates are assigned they will not be changed for the duration of the program. Although we will do our best to honor your request, roommates cannot be guaranteed unless the request is mutual between both participants.

**7**

**Concerto and Soloist Competition** (if competing)

Concerto Competition

\_\_\_\_\_  
 \_\_\_\_\_  
 Title, Composer and Movement

Soloist Competition

\_\_\_\_\_  
 \_\_\_\_\_  
 Title, Composer and Movement

# Application Payment Form

<b>Business Office Use Only</b>	
Date: _____	Amt Paid: \$ _____
A/R Initials: _____	Receipt #: _____
Performing Arts Camp: June 27-July 11, 2010	

Please check the payment(s) which you are submitting

- Deposit    Payment in full    Balance remaining

All application materials must be submitted together including the \$100 deposit by June 1, 2010. The \$100 deposit is only refundable if your child is not accepted. However, if your child is accepted and chooses not to attend, you will not receive a refund. You may cancel your acceptance and receive a refund less \$100, only if the request is made by June 6, 2010. No money will be refunded for any reason after this date. Students arriving late or leaving early are not eligible for any compensation. Full payment is due by June 15, 2010. We encourage all applicants to apply as soon as possible due to space limitations. **Any incomplete applications will not be considered until all materials have been submitted.**

Applicant's Last Name	First Name	MI
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### Shenandoah Summer Music Theatre Performance Option

- I wish to attend SSMT's performance of "Oklahoma" for an extra \$35 per participant. (\$35 should be added to the total amount of tuition) PACPI

Please indicate the method of payment (ONLY the following methods are acceptable, no cash)

- Check    Money Order    American Express    Discover    MasterCard    Visa

Amount to charge \$ \_\_\_\_\_ PACNC/PACPI

Make all checks payable to Shenandoah University. Be sure to include on the memo line "Performing Arts Camp." If submitting payment via credit card, please fill out the information below.

Card Holder's Name (print)	Card Number	Expiration Date (MM/YY)
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Card Holder's Address	City	State	Zip Code
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Card Holder's Signature	E-mail	Daytime Phone Number
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\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

## Teacher Recommendation

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Student's Name		Area of Performance	
Teacher's Name		School/Studio	
Address	City	State	Zip Code
Phone	E-mail	Relationship to student (ensemble director, etc.)	

Compared to other students of the same grade and experience level, rate this student's performance ability:  Below Average  Average  Above Average  Exceptional

In your opinion, is this student mentally, emotionally and physically able to withstand the challenging music camp?:  Yes  No

Is there any reason why this student should NOT attend the camp? If yes, please explain (attach a separate sheet of paper if needed)

If there is more information you would like to share regarding this student's qualifications, please include a below. All information will be kept confidential.

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By signing here, I certify that the above information is correct

Please have your school music director or dance studio instructor fill out this form along with a written recommendation and mail to:

Performing Arts Camp  
Shenandoah University  
1460 University Dr.  
Winchester, VA 22601

## Legality Form

### **In Loco Parentis Permission:**

As parent and natural guardian of a minor, I do hereby designate Performing Arts Camp appointed counselors to act as parent in loco parentis of my child during the period of the Performing Arts Camp at Shenandoah University, June 27-July 11, 2010.

I give full authority to said persons to perform such acts as are deemed appropriate in the best interest of the child. The Performing Arts Camp has received a medical form on my child, and this form will accompany the chaperones. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child, a minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

### **Medical Treatment/Emergency:**

I understand that medical counselors are available every day for basic first aid and minor emergencies. Should the need arise for more intensive medical care, or for care outside of the medical counselors' expertise, I understand the student will be taken to a local urgent care center, hospital, or physician's office.

I also understand that students will be responsible for the taking of their medication. Medications must be presented to the medical counselors in its original container, and will be held by said medical counselors until time for self medication.

I hereby authorize the emergency treatment of said minor child by any licensed physician, clinic, hospital, or other medical facility in area of travel. I acknowledge that no guarantee or assurance may be given as to the results or consequences that may be obtained from the treatment given.

### **Transportation:**

I hereby authorize my child to participate in any and all activities supported by the Performing Arts Camp. I also authorize that my child may be transported via Shenandoah University and local school district buses for such activities.

### **Discipline/Dismissal:**

The Performing Arts Camp at Shenandoah University reserves the right to dismiss a student for any reason seen fit by the Director and Administrative Team. Such reasons can include, but are not limited to:

- physical violence
- drug and alcohol use
- continuous destructive behavior
- failure to attend classes and rehearsals
- disrespect towards faculty and staff

I, \_\_\_\_\_, the

parent/legal guardian of \_\_\_\_\_, do

hereby authorize that I have read and agree with the statements above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Shenandoah University Performing Arts Camp 2010  
**Medical Form**

**Applicant Information**

First Name	Middle	Last	Birth Date
Home Address		City	State Zip
Home Telephone Number	Mother's Daytime Number	Father's Daytime Number	
In Case of an Emergency Notify	Telephone Number	Relationship to Student	
Alternate Emergency Contact Person	Telephone Number	Relationship to Student	
Family Physician	Address	Telephone Number	

**Allergies**

Please check any items you are allergic to.

1. \_\_\_ Aspirin      4. \_\_\_ Penicillin      7. \_\_\_ Codeine  
 2. \_\_\_ Sulfa      5. \_\_\_ Insect      8. \_\_\_ Animal  
 3. \_\_\_ Food      6. \_\_\_ Pollen      9. \_\_\_ Other (Specify)

**Medications**

Please list any medication that you are currently on and the dose that you are taking.

1. \_\_\_\_\_ Dose \_\_\_\_\_  
 2. \_\_\_\_\_ Dose \_\_\_\_\_  
 3. \_\_\_\_\_ Dose \_\_\_\_\_  
 4. \_\_\_\_\_ Dose \_\_\_\_\_

Do you have any medical conditions we should be aware of? If yes, please describe.

Doctor treating the above condition Telephone Number

Date of last tetanus shot

All over-the-counter medication must be turned in to the counselor for dispensing when needed. Prescription medication are kept by the head counselor in a central location to ensure the safety of all participants. Prescription medication will be dispensed in the dining hall and dormitories at the following times: Morning 8:00 am – 8:30 am and Evening 9 pm – 9:30 pm.

**Approval For Treatment**

In the unlikely event that a participant requires emergency medical attention, university officials will make every attempt to contact the parent or guardian of those participants under 18 years of age for authorization of treatment. Please sign the statement below to authorize us to seek appropriate treatment in case we are unable to reach the parent or guardian.

*I hereby give permission to Wilkins Wellness Center at Shenandoah University to administer treatment in the event of a medical emergency if I cannot be reached.*

Name of Participant Participant signature if over 18 years of age Date

Signature of parent/guardian of the participant listed above if under 18 years of age Date

**Insurance Information**

Winchester medical care providers require visual representation of insurance cards at the time of service, and will bill you directly for any co-payment. If you are not covered by insurance, payment must be made at the time of service. **Please attach photocopies of both sides of your medical insurance card and your prescription card, and note on each copy the name of the participant for whom the information is to be used.** In addition, please fill out the information below.

**Primary Insurance Company:**

Participant's Name Insurance Company Name and Address

Policy Number Group Number Insurance Company Phone Number

Subscriber's Name on Policy

Employer Phone Number Title

Signature of Subscriber Date Relationship to Student

**Prescription Card Information:**

Insurance Company Name and Address Policy Number

Group Number Insurance Company Phone Number Subscriber's Name on Policy

Employer Phone Number Title

Signature of Subscriber Date Relationship to Student

## Over-the-Counter Medication Permission Form

The PAC Office keeps a supply of OTC medications that campers may need during the duration of camp. Please fill out the following form and indicate the medications that you will allow your child to take. Please also note whether you would like the PAC to contact you prior to dispensing OTC medication to your child.

Camper's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

\_\_\_ I want to be notified prior to my child receiving OTC medication.

Phone Number \_\_\_\_\_

Please check any medications your child is allowed to receive:

\_\_\_ Tylenol

\_\_\_ Motrin

\_\_\_ Advil

\_\_\_ Bayer Aspirin

\_\_\_ Immodium AD

\_\_\_ Tums

\_\_\_ Sudafed

\_\_\_ Benadryl

\_\_\_ Midol

\_\_\_ Neosporin

\_\_\_ Insect Repellant

\_\_\_ Suntan Lotion

\_\_\_ Cough Drops

\_\_\_ Solarcaine (Sunburn Relief Spray)

\_\_\_ Aloe Vera Gel