



**Contemporary Summer School for Strings and Piano,
Cambridge 2013, July 23-27
COURSE APPLICATION FOR STRINGS**

Please complete and send with deposit to:
Stephen Power, 5 Hillfield Road, Comberton, CAMBS CB23 7DB
Cheques should be made payable to 'Cambridge Suzuki Young Musician'. Payment electronically available: e-mail
info@suzukipianocambridge.org.uk for details

APPLICATION DEADLINE: 31 JANUARY 2010

Parent's Name: _____

Address: _____

Town/CitPost Code _____

Telephone (Home) _____ (Mobile) _____

Current Email Address: _____

| FIRST STUDENT | SECOND STUDENT |
|--|--|
| NAME: _____ | NAME: _____ |
| AGE BY 1 JULY 2013: _____ | AGE BY 1 JULY 2013: _____ |
| CURRENT Suzuki Book/grade/performance level: _____ _____ | CURRENT Suzuki Book/grade/performance level: _____ _____ |
| I am applying for <input type="checkbox"/> CHAMBER Course Fee: £250 | I am applying for <input type="checkbox"/> CHAMBER Course Fee: £250 |

TOTAL FEES DUE: _____

I enclose a non-refundable deposit of £100 for each applicant.

Deposit enclosed: £ _____ Balance due before 1 May 2013: £ _____

OR I enclose full payment of £ _____

PARENT AGREEMENT & WAIVER FORMS

DISCLAIMER : The exact course content is subject to enrolment levels and student abilities, and is therefore subject to change. In unforeseen circumstances, Cambridge Suzuki Young Musicians reserves the right to replace the advertised faculty without prior notice, or to cancel the workshop with full refund. Please note that requests for lessons with specific faculty members can not be accepted.

I declare that I am the parent/legal guardian of _____.

I have read the disclaimer above and agree to the following terms and conditions of the Summer School

(1) that in no case whatsoever can the workshop's organisers or the persons working for the workshop be held responsible at any time for any minor's welfare or behaviour or the consequences thereof

(2) that all minors aged less than 12 years on 1st July 2013 must be accompanied at the workshop either by their father, mother or legal guardian or by a person empowered to do so in their stead and holding a signed and valid document to that effect.

STUDENT'S NAME (PRINTED) _____

PARENT'S NAME (PRINTED) _____

PARENT SIGNATURE: _____ DATE: _____

MEDICAL RELEASE, INTERNET PHOTO AUTHORIZATION & INJURY WAIVER

I also hereby release and discharge CSYM and its faculty and guest artists for any and all claims for personal injury.

I also authorize any licensed medical personnel to give any necessary treatment to my child.

I assign Cambridge Suzuki Young Musicians all rights to any photos taken during the Institute and authorize same to utilize pictures of my child on their respective websites, brochures, or other media.

Please do not use photos of my child on the web or in any other media.

STUDENT'S NAME (PRINTED) _____

PARENT'S NAME (PRINTED) _____

PARENT SIGNATURE: _____ DATE: _____