



**Summer Institute 26-29 July 2010**  
**Suzuki Piano PLUS!**  
**Piano workshop for book 1 & 2 COURSE APPLICATION**

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 Musicians. Please contact us if you wish to pay by electronic transfer.

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

FIRST STUDENT	SECOND STUDENT
NAME: _____	NAME: _____
AGE BY 1 JULY 2010: _____	AGE BY 1 JULY 2010: _____
CURRENT BOOK/PIECE: _____	CURRENT BOOK/PIECE: _____
_____	_____
I am applying for workshop level:	I am applying for workshop level:
<input type="checkbox"/> Piano Level 1 Course Fee: £280	<input type="checkbox"/> Piano Level 1 Course Fee: £280
<input type="checkbox"/> Piano Level 2 Course Fee: £310	<input type="checkbox"/> Piano Level 2 Course Fee: £310

TOTAL FEES DUE: \_\_\_\_\_

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

Deposit enclosed: £ \_\_\_\_\_ Balance due before 1 May 2010: £ \_\_\_\_\_

OR I enclose full payment of £ \_\_\_\_\_

Teacher's Name and e-mail \_\_\_\_\_

**PARENT AGREEMENT & WAIVER FORM**

Please complete and sign both sections to include with your application.

**PARENT AGREEMENT**

**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 CSYM Summer Institute 2010:

- (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 there of
- 2) that all minors must be accompanied at the workshop either by their father, mother or legal guardian.

STUDENT'S NAME (PRINTED) \_\_\_\_\_

PARENT'S NAME (PRINTED) \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL RELEASE, INTERNET PHOTO AUTHORIZATION & INJURY WAIVER

I hereby authorize Cambridge Suzuki Young Musicians and its staff, faculty and guest artists to obtain any necessary medical care for my child and consent to medical treatment in event of an emergency during the Cambridge Suzuki Young Musicians Institute 26-29 July 2010.

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

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: \_\_\_\_\_