

Teacher Training Registration Form, 2017

Visit <https://suzukiassociation.org/> for more information and resources.

General Information

Name _____

SAA Member Number _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact _____

Relationship _____

Emergency Contact Phone _____

Food Allergies/Preferences _____

Book Levels Studied: _____

Have you taken Every Child Can? _____

Transportation

Please be as specific as possible

Are you flying in for camp? Yes No

Airport Ride Needs From airport only To airport only To and from airport

Carpool Needs? _____

Please write any additional information here: _____

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Housing

Family or guests attending? You must also complete a family members registration form.

At Chi Rho I'll need: Sheets Blanket Pillow(s) Towels

ECC and Book 1 trainees: Do you need a home-stay Friday and Saturday night in Minneapolis?

Yes No

Book 4 trainees: Do you need a home stay Sunday night in Minneapolis? Yes No

Please write any additional information here: _____

Any other special needs we can accommodate? _____

A minimum number of students is necessary to offer teacher training classes. If the minimum is not met, registered participants will be notified by May 15. TRAINING SCHEDULE IS SUBJECT TO CHANGE PENDING ENROLLMENT. PLEASE DO NOT PURCHASE PLANE TICKETS UNTIL SCHEDULE IS CONFIRMED.

Training Offerings: Application deadline: Saturday, April 1st

All fees non-refundable after April 1 unless classes are cancelled due to low enrollment.

Interested in taking two books? See below for the possible training combinations:

Both books are new:

ECC and 1
2 and 3
3 and 4
4 and 5
4 and 6
5 and 6

If you are RETAKING an early book, you can take:
2 and 4
2 and 6
3 and 5

Please check all applicable boxes

Book/Course

Every Child Can

Flute Book 1

Flute Book 2

Dates

Saturday, June 10th in Minneapolis, MN

Sunday, June 11 - Sunday, June 18

Sunday, June 11 - Sunday, June 18

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Flute Book 3	Tuesday, June 13 - Sunday, June 18
Flute Book 4	Wednesday, June 14 - Monday, June 19
Flute Book 5	Sunday, June 11 - Sunday, June 18
Flute Book 6	Tuesday, June 13 - Sunday, June 18
Flute Book 9	Wednesday, June 14 - Monday, June 19

Fees: *Application deadline: Saturday, April 1st*

All fees non-refundable after April 1 unless classes are cancelled due to low enrollment.

Please check all applicable boxes.

Make checks payable to: Lake Sylvia Suzuki Flute and Recorder Institute

Registration: \$75 (fee per family, non-refundable)

Teacher Training: \$15 SAA Registration (One Book)

\$30 SAA Registration (Two Books)

\$590 Book 1

\$390 Book 2 and up

\$195 Additional Book Training

Lodging and meals: \$220 (June 14 - June 18)

\$50/day before Wednesday, June 14th

_____ = _____ day(s) x \$50

Late fee after April 1: \$50

Total _____

Liability and Media Release

The following Liability statement must be accepted by all adult participants.

I understand that the Lake Sylvia Suzuki Flute Institute will use reasonable safety precautions, but cannot guarantee the safety of campers. On behalf of myself and any guests or family, I understand, state and agree to hold the institute, its directors, faculty,

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and employees, harmless from all liability of any kind by reason of any accident, injury or damage, whether to person or property, resulting from my, my guest's, or my family's participation in the camp program.

I hereby grant permission for the Institute's Director or the Director's authorized personnel to obtain medical care on my behalf or my guest's or family's behalf in the event of an emergency. I understand and agree that such action may include, but not be limited to:

- a) Contacting a physician or paramedic;
- b) Admitting the camper to an emergency clinic or hospital;
- c) Engaging the services of ambulance or other emergency vehicle.

I understand and agree that such action will be taken on my behalf or my guest's or family's behalf and that I shall be responsible for all costs and expenses of such emergency treatment.

Signed _____

The following Media Release statement must be accepted by all adult participants.

I, the undersigned, do hereby consent and agree that Lake Sylvia Flute and Recorder Institute may take and use photographs, videos, and/or digital recordings of me, my family, and/or my guests at Lake Sylvia Flute and Recorder Institute events.

I do hereby release Lake Sylvia Flute and Recorder Institute to exhibit these photographs, videos, digital recordings, and/or their reproductions for any and all media purposes.

I waive any right to inspect or approve the finished photographs, videos, digital recordings, and/or their reproductions that may be used now or in the future.

Please check Yes, No, or Not Applicable in response to the statements below:

I am 18 years of age or older and I am competent to execute this agreement.

Yes No

I am the parent or legal guardian of the below named child.

Yes No N/A

Your Name (Print): _____

Family and Guest names(s) if applicable: _____

Signed: _____

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Contact and Mailing Information

Mailing Address for forms/check:

Betty Braunstein, registrar, 805
MacArthur Ave, Ashland, WI 54806

Email Forms to:

lake.sylvia.flute.camp@gmail.com

Registrar Contact Information

Betty Braunstein, (715) 682-3272
Lake.sylvia.flute.camp@gmail.com