



2010 CAMPER APPLICATION

SUMMER SCHOOL OF MUSIC

175 Angora Pl
Clifton Heights PA 19018
www.csehy.com

(Check one)

NEW CAMPER

RETURNING CAMPER

Name _____
First M. I. Last Birth Date M/F

Address _____
Street/PO Box/Apartment

City State Zip Code Nation

Telephone _____ e-mail _____

Parent/Guardian _____
First M. I. Last

Address _____
(If different) Street/PO Box/Apartment

City State Zip Code Nation

Parents' Occupation _____
Father Mother

In case of emergency contact _____
Name Phone #
(required and must be different than number listed above)

Name of school _____
Camper's Grade (Sept 2010)

DISCOUNTS (check applicable boxes)

- \$100 second in family (multi-week camper)
- \$150 for third camper in family (multi-week camper)
- \$50 second in family (one-week camper)
- \$75 for third in family (one-week camper)
- \$100 for children of missionaries or pastors (multi-week camper)
- \$200 for referring a new camper
- \$50 for children of missionaries or pastors (one-week camper)
- \$400 (You must be a multi-week camper, and camper referred may not be a sibling)
- \$50 for 2009 Csehy Faculty Award
- \$600

Registration fee: \$125 non-refundable. Balance due on or before registration day.

I am willing to abide by the rules and regulations of Csehy Summer School of Music, to meet the practice requirements, and to participate in rehearsals, activities, and Saturday performances.

Signature of student _____

I, (parent/guardian) approve this application and assume responsibility for the payment of all fees. I understand that there is no refund for late arrival or early withdrawal or if my son/daughter is sent home because of unsatisfactory behavior. I also understand that his/her participation in the Saturday concert is required.

Signature of Parent/Guardian _____

Roommate request

Campers referred

Each camper receives a camp T-shirt.
Please indicate size desired.

Adult
S M L XL XXL

Check enclosed

CSEHY SUMMER SCHOOL OF MUSIC

175 Angora Pl • Clifton Heights PA 19018

Please charge my credit card: VISA MC AMEX Amount \$ _____

Name on card _____ Exp. Date ____ / ____

Card Number _____

Please call for credit card information: Tel # _____

Senior High only

- SESSION 1
- WEEK 1 June 27-July 3
 - WEEK 2 July 4-July 10
 - WEEK 3 July 11-July 17

Junior High or Senior High

- SESSION 2
- WEEK 4 July 18-July 24
 - WEEK 5 July 25- July 31

For maximum benefit, all campers are encouraged to register for at least two weeks

AREA OF MAJOR STUDY

(Choose only one)

- Piano Voice
- Violin Viola
- Cello String Bass
- Flute Oboe
- Clarinet Saxophone
- Bassoon French Horn
- Trumpet Euphonium
- Trombone Tuba
- Percussion *Composition

* Offered for only first session to campers who meet prerequisites. Contact Mr. Rawleigh for information before submitting your registration. frawleigh@csehy.com

FEEES

- 1 Week ----- \$725
- 2 Weeks--- \$1320
- 3 Weeks--- \$1980
- 4 Weeks--- \$2640
- 5 Weeks--- \$3300

Transportation

Airport Pickup.....\$40
(per person, per trip from/to Buffalo or Rochester airport)

Key Deposit

Per person.....\$25
Deposit in cash at registration; returned when room key is returned

Private Teacher Recommendation Form

The purpose of this form is to give us some indication of the camper's playing ability and proficiency level. It is not used as a condition for acceptance into our program. Thank you for helping us enhance the camper's musical experience.

Student Name: _____

Teacher Name: _____

Instrument / Voice Part: _____

Number of years this student has been taking lessons from you: _____

What most recent solo repertoire and/or method books have you been working on with this student?

- How would you rate this student on the following criteria?

	Sound/pitch quality:				
1	2	3	4	5	
<i>excellent</i>					<i>poor</i>

	Technical proficiency				
1	2	3	4	5	
<i>excellent</i>					<i>poor</i>

Motivation regarding practice habits, improvement, etc.

1	2	3	4	5	
<i>excellent</i>					<i>poor</i>

Additional comments:

Please return completed form to:
Csehy Summer School of Music, 175 Angora Pl., Clifton Heights PA 19018



HOUGHTON COLLEGE



SUMMER SCHOOL OF MUSIC

MEDICAL RECORD & WAIVER FORMS

COMPLETION AND RETURN OF THIS FORM TO THE CAMP DIRECTORS IS REQUIRED FOR ADMISSION TO CAMP.

Either Mail This Completed Form Prior To Camp Or Bring It With You To Registration.

Participant's Last Name (print) First Name Middle Initial

Parent's Last Name First Name Middle Initial

Home Address (Number & Street), City or Town, State, Zip Code

Home Telephone Number

Medical Insurance Company/ Policy Number
Your health insurance will be used for medical purposes. Camp insurance is supplemental. Please include a photo copy of insurance card (front & back)

Business/Cell Number

Camper's Age

Camper's Date Of Birth

I give my permission for the directors of the Houghton College Summer Youth Camps and/or Csehy Summer School of Music to provide medical coverage for:

. If I cannot be reached, in the case of an emergency, I hereby grant permission to the physician selected by the directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery or other treatment as needed for the above mentioned camper. I have consulted with our physician to ensure that the person described here is fit to participate in physically intense activity. They have permission to engage in all program activities, except as noted.

Parent's Signature:

Date:

No Health Insurance Waiver

I do **NOT** have health insurance; therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child.

Signature _____

Relationship to child _____

I _____ (parent or legal guardian) take full responsibility for any expenses related to my child's health, be it hospitalization, medicine, or any other cost related to injury or illness, while my child attends camp at Houghton College.

Furthermore, I do NOT hold Houghton College or Csehy Summer School of Music responsible and/or liable for any and all costs relating to my child's health care for any reason during his/her stay at Houghton College.

My child's name _____

Parent signature _____

No Childhood Immunizations

I have not immunized my child due to my specific religious beliefs. Therefore, I am signing this waiver taking full responsibility for all medical matters regarding my child that may result from not having the specified shots.

Signature _____

Relationship to child _____

Furthermore, I do NOT hold Houghton College or Csehy Summer School of Music responsible and/or liable for any health care needs that may arise due to the absence of specified immunizations during his/her stay at Houghton College.

My child's name _____

Parent signature _____

PERMISSION TO PARTICIPATE FORM
MUST BE READ AND COMPLETED PRIOR TO CAMP REGISTRATION

In consideration of being allowed to participate in the activities and programs of Houghton College and Csehy Summer School of Music and to use their facilities and equipment, I do hereby waive, release and forever discharge Houghton College, Csehy Summer School of Music, their officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities.

It is the desire of Houghton College and Csehy Summer School of Music to provide an atmosphere that is both safe for the campers and secure for their personal belongings. Houghton College provides keys to all dorm rooms for a \$25.00 refundable deposit. Campers are responsible for making sure that their rooms are locked at all times. Campers are not allowed in anyone else's room unless that person is present in the room. Neither Houghton College nor Csehy Summer School of Music assume any responsibility for loss or theft of any personal items. We also reserve the right to inspect or search any room or its contents at our discretion without the permission of its occupants.

I also grant permission for photographs of my child to be used in the promotion of Houghton College and/or Csehy Summer School of Music, unless otherwise noted.

Camper Name: _____

Parent/Guardian Signature: _____

Date: _____

TRAVEL PERMISSION SLIP

In certain situations, it may be necessary for the Houghton College Camps or Csehy Summer School of Music to transport your child to alternate sites. Although your child will be transported on busses by qualified and experienced bus drivers, travel in motor vehicles on public roads always poses the possibility of risk. By signing this slip you are acknowledging that risk and granting permission to Houghton College and Csehy Summer School of Music Camp Directors to transport your child to one of these alternate locations. Please sign and mail this form to us ahead of time or bring with you to registration.

Camper Name: _____

Parent/Guardian Signature: _____

Date: _____

MEDICATION INFORMATION

New York State Health Department has specific regulations that impact those children who will need to take prescription or non-prescription medications while here at camp. If your child is on a prescription medication or you expect that your child might need non-prescription ("over the counter") medications, you will need to fill out the medication administration form and have your child bring it to camp. **The New York State Health Department is now requiring that all campers needing medications have a physician's script or standing orders with all medications, including "over the counter" varieties.**

Medications (prescription and non-prescription drugs) must be in the original container and labeled with the patient's full name, the date the prescription was filled, expiration date, direction for use, precautions (if any), storage requirements (if any), dispensing pharmacy (name and address), and name of physician prescribing medication.

A doctor's standing order/written prescription must come with each prescription medication. The pharmacy script label on the original bottle does not replace the standing order. An individual medication order signed by a physician or other medical provider (physician's assistant, nurse practitioner, dentist, etc.) is required for nurses to administer medications (OTC and Prescriptions). Orders confirm that a medication is current and there has been no change in medication or dosage from that which was originally prescribed (listed on prescription container).

Over the counter drugs (Tylenol, aspirin, etc.) cannot be given to children unless they have a standing order/prescription from a physician (including authorization and instructions for use). Parental permission by itself is not sufficient for a nurse to administer or a camper to self-administer OTC medications. Individual patient non-prescription medications should be labeled with the complete name of the patient and stored in the camp's infirmary.

Individuals that may need emergency medications should carry the medications themselves (epi-pens, inhalers). When necessary, staff may be assigned to carry the medication; however, care must be taken to ensure that the patient and medication remain in close proximity to facilitate immediate administration.

A Medication Administration form for your physician to fill out for prescription and "over the counter" medications is included for your convenience. Please fill it out, have your doctor sign it and have your child bring it with them to registration for our camps. **No medications will be able to be administered without this form.**

Physician's Written Orders for Prescription Medications

Students Full Name	Drug Name	Route	Dosage	Schedule & Indications	Comments	Physician's Signature

Physician's Written Orders for Non-Prescription Medications

Students Full Name	Drug Name	Route Please circle Preferred Formulation	Dosage	Schedule & Indications	Camper Health Care Provider Order	Comments	Physician's Signature
	Tylenol	PO (chewable tabs, elixir or tabs)	Per label Instructions by age/weight	Q 4 hr. prn for pain or fever > __F	Yes NO		
	Ibuprofen	PO (chewable tabs, elixir or tabs)	Per label Instructions by age/weight	Q 4 hr. prn for pain or fever > __F	Yes NO		
	Robitussin	PO (syrup)	Per label Instructions by age/weight	Q 4 hr. prn for cough	Yes NO		
	Pepto-Bismol	PO (liquid, or chewable tabs)	Per label Instructions by age/weight	Q 30 min. - 1 hr. prn for diarrhea	Yes NO		
	Benadryl	PO (elixir, chewable tabs, or pills)	Per label Instructions by age/weight	Q 6hr. prn for allergic reaction	Yes NO		
	Other	PO	Per label Instructions by age/weight		Yes NO		