



2023 SUMMER CHAMBER MUSIC REGISTRATION FORM

(A separate form is required for each student)			LCMS Account Number:	
CONTACT INFORMATION				
Will you be registering siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>* A separate form is required for each student</small>		Sibling Name:		
Student Last Name:	Student First Name:	Birth date: M/D/YR / /	Instrument	RCM Level
Parent/Guardian Last Name:	Parent/Guardian First Name:	Email:		
Street Address:		Home Phone:	Cell:	
City:	Province:	Postal Code:	Medical Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please complete Medical Form available from the LCMS Office</small>	
Teacher's Name:	*Please complete this Section if you are registering as part of a Quartet			
	Quartet Name:	Quartet Members:		
How did you hear about LCMS Summer Camps?				
Would you like to volunteer at LCMS? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PROGRAM	Tuition:			Total:
		<i>Before June 16th</i>	<i>After June 16th</i>	
Summer Chamber Music	<input type="checkbox"/> Single Student	\$475.00	\$550.00	
	<input type="checkbox"/> 2 Students (Sibling discount)	\$900.00	\$1000.00	
		Total:		

Scholarship Opportunity for Pre-Formed Quartets
Promising, pre-formed quartets are eligible to apply for a scholarship. Groups must submit video prior by June 12, 2023 and scholarship awards will be announced June 16, 2023.

POLICIES & CONSENT
<p>Refund Policy Due to the nature of the chamber music programme, fees are non-refundable.</p> <p>Privacy Policy Your personal information (such as name, phone number, address, email, date of birth, emergency contact) collected on the LCMS registration form will be used for school administration, communication and accounting purposes only. We exercise care and diligence in managing, transmitting, and securing your personal information once it is received. LCMS does not share, transmit, or release your personal information to outside parties.</p> <p>I am the parent/lawful guardian of the child registered and as such I acknowledge and I accept responsibility for damage caused to the facility by the actions of my child, and I agree to indemnify LCMS for any damages arising as a result of those actions.</p> <p>Signature (Parent/Guardian/Adult Student):</p> <p>Print Name of Parent/Guardian (or Adult Student):</p>

E-NEWSLETTER CONSENT

I give LCMS permission to send me emails regarding school news, programs, events and concerts.

Signature (Parent/Guardian/Adult Student):

PHOTO RELEASE

In registering, I understand that LCMS may take photos of student classes, presentations, recitals and events, and that these photos may be used by LCMS for publicity purposes, including print materials (e.g. brochures) and on the school's website and social media.

Signature (Parent/Guardian/Adult Student):

For Office Use Only

Date Rec'd:

Cash Rec'd:

Receipt #:

Access:

Chq Rec'd:

#: