

Flute Spa Registration Form, 2014

Name _____

Address _____

Email _____

Phone (home)_____ (cell)_____

Emergency contact _____

Please circle the fees that apply.

Fees for the week, Tuesday, June 10-Saturday, June 14

Registration	\$75
Flute Spa Class	\$150 or Free for UMFA members
Master class	\$150
Ensemble class	\$70
Oil Painting	\$60
Lodging and meals	\$190
Total Fees	_____

Fees per day

Registration	\$15
Flute Spa Class	\$30 or Free for UMFA members
Master Class	\$30 W. Stern_____P. George_____
Lodging and meals	\$45
Total Fees	_____

PLEASE REGISTER BY MAY 15

The following statement must be accepted by all adult participants and by the parent or guardian of student participants under the age of 18.

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 my family, I understand, state and agree to hold the institute, its directors, faculty,

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 family's or the student'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 behalf of my child 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 student 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 behalf of the student and that I, as the student's parent or legal guardian, shall be responsible for all costs and expenses of such emergency treatment.

Signed _____

Please mail form and payment to:

Lake Sylvia Suzuki Flute Institute

Attn: Nancy Maloney

1777 Glenview Ave

Arden Hills, MN, 55112