

Registration Form and Financial Statement

Applications for all students in Institutes and Collegiate Courses must be postmarked by June 1, 2009.
Applications for Music Horizons must be postmarked by April 15, 2009.

PERSONAL INFORMATION

Last name, First name _____		<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security number (file only) _____
Home address _____	City/State/Zip _____	Daytime telephone number _____	
E-mail address (print clearly) _____	Date of birth _____	Evening telephone number _____	
Summer address (if different) _____	Effective dates for summer address _____	Summer telephone number _____	
If you are a U.S. citizen, list state of legal residence _____	If New York State, list county _____	Instrument _____	
If you are not a U.S. citizen, list country of citizenship _____	Type of visa/expiration date _____	Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ENROLLMENT STATUS

Have you attended the University of Rochester or the Eastman School before? Yes No If "Yes," last date of attendance: _____

Are you completing your degree during this Summer Session? Yes No

Indicate your enrollment status: Graduate student entering in the summer Professional development High school student
 Summers Only music education student Adult amateur musician

REGISTRATION INFORMATION

CRN #	Course #	Credits	Course title or Institute
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			SUBTOTAL
Deduct financial aid/discounts _____			

TUITION

\$ _____

\$ _____

\$ _____

\$ _____

– _____

HOUSING

\$ _____

TOTAL

\$ _____

HOUSING (WITH MEALS)

If you require housing for *Summer Jazz Studies* or *Music Horizons*, please check the box below. Otherwise, please indicate the date you plan to check in, and the date you plan to check out. Multiply the number of nights included in your stay by the daily charge of \$60 (U.S. funds). The dining plan includes breakfast, lunch, and dinner daily. If you have any special needs, please explain on a separate page.

Summer Jazz Studies housing *Music Horizons* housing (cost included in CRN)

Check-in date (after 3 p.m.) _____ Check-out date (before noon) _____ Number of nights _____ × \$60/night

PAYMENT INFORMATION

Your payment (U.S. funds) must be sent with this form.* Checks should be made payable to Eastman School of Music. Send this form to Summer Session Office, Eastman School of Music, 26 Gibbs Street, Rochester, NY 14604-2599. Current Eastman School of Music students may register directly with the registrar using this form.

Check Visa MasterCard Discover

Amount \$ _____

Check number _____ Card number _____ Expiration date _____

Name as it appears on card (please print) _____ Signature _____

*** NOTE**
If program requires audition tape, only the application fee is due at this time. Please *do not* send full payment.
If UR Waivers are applicable, please deduct the appropriate amount.

Educational Background

Applications for all students in Institutes and Collegiate Courses must be postmarked by June 1, 2009.
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Name

NOTE

For special students (those currently not enrolled in Eastman degree programs): This form should be used to provide information on your educational and professional background. This information is used to determine the appropriateness of your requested registration, and will be given to the instructor of your workshop or course. This information is required to process your registration.

EDUCATIONAL HISTORY

To be completed by all students not currently enrolled in an Eastman degree program requesting Collegiate Institutes and Courses. Please indicate below a listing of your educational and professional activity. You may choose to submit a résumé on a separate sheet.

PHOTOGRAPHY RELEASE

I, _____ (name of student), hereby consent to be photographed for the Eastman School of Music. The resulting photographs may be subsequently used without compensation to me by the Eastman School of Music, the University of Rochester, or third parties for publications (including web sites), advertising, and/or publicity purposes at the discretion of the School's Communications Office. I waive the right to inspect or approve the finished photograph and/or publication use. This release form will be kept on file.

Signature of student (or, if student is under 18 years of age, signature of parent or guardian)

All forms and payments should be mailed to:

Summer Session Office
Eastman School of Music
26 Gibbs Street
Rochester, NY 14604-2599



EASTMAN
SCHOOL OF MUSIC
UNIVERSITY of ROCHESTER

For Summer Session office use only
_____ Date received
_____ Amount received
_____ ID #
_____ Date approved
_____ Notification date

For All Students Under 19 Years of Age

PROGRAM(S) REQUESTED: _____

MEDICAL RECORD

All information on this form will be considered confidential. Withholding or falsifying information will absolve the University of Rochester of any responsibility should complications result. This form is the only medical record that will be on file for the student.

Personal Information (please print or type)

_____ Name	_____ Parent/Guardian responsible for medical bills	
_____ Mother/Guardian	_____ Home telephone	_____ Business/cell phone
_____ Father/Guardian	_____ Home telephone	_____ Business/cell phone
_____ Emergency contact person	_____ Relationship	_____ Phone with area code

Student resides with: Both parents Mother Father Other (please explain): _____

Medical Insurance/Hospitalization (please provide companies and policy numbers) _____

Credit card (only for students requesting housing) for emergency prescriptions only:

Visa MasterCard Discover Card number: _____ Expiration date: _____

Any serious or ongoing medical problems (i.e. diabetes, duodenal ulcers, asthma, etc.)? Yes No (If yes, please attach a note explaining your special situation.)

Is the student on medication? Yes No If so, for what condition? _____

Any current restrictions on activity? _____

Allergies to: _____
Food Medications Other

Does the student need any special consideration on the advice of a physician? Yes No

Does the student need any special consideration on the advice of a psychiatrist, psychologist, or mental health therapist? Yes No

If the answer is yes to either of the previous questions, a letter from the student's physician or counselor/therapist should be attached or sent separately to the Director of the Summer Session (Eastman School of Music, 26 Gibbs Street, Rochester NY 14604-2599). Such information will be considered confidential and privileged.

If there is anything in your religious beliefs that should be given consideration in the treatment of the student's health or in case of an emergency, enclose a note of explanation.

New York State requires the following immunizations. Please specify the most recent date of immunization for each.

Tetanus: _____ Diphtheria: _____ Polio: _____ Mumps: _____ Rubella: _____ Measles #1: _____ Measles #2: _____

Meningococcus: _____ (If not immunized for Meningococcus, my signature below certifies that I have read and understood the information on the website at www.esm.rochester.edu/summer/meningococcus and vaccination is declined at this time.)

MEDICATION POLICY

All medications must come to the Eastman School of Music in separate original labeled containers. Medications must not expire before the end of the session. Prescription medications must be written in the name of the student.

AUTHORIZATIONS

CONSENT FOR MEDICAL CARE AND REFERRAL: I consent to authorize the University of Rochester to refer my child for consultation to any licensed medical specialist as judged necessary and give authority and power to any such physician or surgeon to render any and all such diagnostic procedures, examinations, care, or treatment that he/she may deem necessary or advisable. Parents will be charged for all medical care, dental work, prescriptions, antibiotics, glasses, x-rays, consultations, and transportation required for such appointments. An Eastman School of Music faculty or staff member may accompany the student as circumstances warrant, and is authorized by the University of Rochester to sign proper permits.

Signature of parent or guardian _____ Date _____

SERIOUS ACCIDENT OR ILLNESS: In case of serious accident or illness involving my child while he/she is in the custody of the Eastman School of Music or its employees every effort will be made to contact parent or guardian. A situation may arise when emergency treatment may be necessary and the parent cannot be reached. In such situations, I authorize University of Rochester personnel to make provisions for treatment with the appropriate medical personnel or facility.

Signature of parent or guardian _____ Date _____

PARENTS AND STUDENTS ACKNOWLEDGEMENT: Answers to the questions above are valuable to health care while at the Eastman School of Music. Questions must be answered fully and correctly. The Eastman School of Music reserves the right to dismiss any student or to cancel any contact if incorrect information is supplied on this form. I certify that all the answers I have given on this Medical Record form are complete and accurate to the best of my knowledge.

Signature of parent or guardian _____ Date _____ Signature of student _____ Date _____

For All Students Under 19 Years of Age

PROGRAM(S) REQUESTED: _____

OTHER REQUIREMENTS

Name _____		Current grade _____	Age on June 1 _____
Instrument (or voice range) _____	Years of study _____	Current private teacher (if applicable) _____	Telephone _____
School _____	District _____	Teacher _____	Telephone _____

Check here if you wish to be considered for a partial scholarship (*Music Horizons, Summer Jazz Studies* only).

Applications will not be considered until all of the following items have been received. Please indicate those that are enclosed.

- Music résumé** including solo repertory recently studied, other pertinent information concerning your previous musical experience (including honors, awards, etc.), and other details you would like us to know about you. *Required for all high school programs.*
- Letter of recommendation:** *Music Horizons* and *Summer Jazz Studies*.
- Application fee:** *Music Horizons* and *Summer Jazz Studies*—non-refundable \$25 (U.S.)
- Summer Jazz Studies** Audition Tape or CD (5–7 minutes maximum): Three contrasting pieces (i.e. bebop tune, standard, ballad). Recorded examples to include: improvised solos; accompanying skills—walking bass, comping, etc. Drums: four recorded examples including: medium tempo swing with trading fours; ballad with brushes; up-tempo swing; Latin (recordings can be with or without combo).
- If the student is NOT residing** either in the Student Living Center or at the home address listed on this application, attach a letter to this application indicating the student's temporary address and phone number. The letter should also identify the temporary adult guardian with whom the student will be residing, the relationship of that adult to the student, and must be signed by both the parent and the temporary adult guardian. *Only students living in the dorm will be allowed to participate in dorm activities.*
- All four pages of the application.**

Tape or CD audition:

- Music Horizons* An Audition Tape or CD (10–15 minutes): Should include étude, sonata, concerto movement, or solo composition representing two centuries (if possible). Percussion tapes/CDs must include snare, timpani, and keyboards. Composers should submit scores and recordings, if available. Applications and tapes will be reviewed within 48 hours of receipt. We recommend that any Rochester-area students stay in the Student Living Center, so that they may participate fully in the experience of being part of this outstanding peer group.

HOUSING AGREEMENT

If housing is requested, I understand that such requested services will be provided unless prevented by events beyond the control of the Eastman School of Music of the University of Rochester. Policies permit a refund only if notice of cancellation has been received at least one week prior to the beginning of the requested program. Students will be liable for damage to Eastman School of Music property. The use of tape and the driving of nails, screws, or tacks into walls or furniture is prohibited. No equipment may be moved out of the quarters assigned, and no equipment (other than occasional pieces such as bookcases, table, lamp) may be added without permission. I have read and understand the Rules and Regulations on page 15, and I agree that my son/daughter will abide by these stated rules and regulations as a condition of his/her residency.

Signature of parent or guardian _____ Date _____

ALL STUDENTS

If accepted as a student the applicant agrees to abide by the School's regulations. We understand that all fees must be paid prior to the beginning of instruction and that no deduction or refunds will be made for late arrival, early departure or expulsion. Furthermore, we give our permission for the applicant to attend all functions and activities connected with the Summer Session, including any which may be held off campus.

I hereby release the Eastman School of Music, the University of Rochester, and the officers, trustees, employees, agents, and volunteers of the aforementioned organizations from all actions, claims, or demands for damages resulting from my child's participation in the activities, and from liability and damages, injuries, or losses which might be sustained by my child, except those caused by the direct and sole negligence of the aforementioned organizations.

Both signatures are required.

Signature of parent or guardian _____ Date _____

Signature of student _____ Date _____