



**VOCAL PERFORMANCE INSTITUTE 2012 • June 18-22**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade in Fall \_\_\_\_\_

School Name \_\_\_\_\_

School Music Teacher Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (other) \_\_\_\_\_

Phone (emergency contact name and telephone) \_\_\_\_\_

Parent's name \_\_\_\_\_

Parent's business phone \_\_\_\_\_

E-mail \_\_\_\_\_

Previous musical experience (ensembles, lessons, performances, competitions):

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**OTHER INFORMATION:**

Tee Shirt size (adult): Circle One

S            M            L            XL            XXL

Voice type \_\_\_\_\_

Circle One: MALE    FEMALE

Years of private study (if applicable) \_\_\_\_\_

*A letter of recommendation required (usually from choral director or private voice instructor).*

**FEES:**

\$50 non refundable deposit taken at time of registration.

\_\_\_\_\_ Commuter \$350 Includes Lunch

\_\_\_\_\_ Resident \$465 Includes Breakfast, Lunch, Housing

\_\_\_\_\_ Check/Money order payable to University of Dayton

Signature \_\_\_\_\_

**See release form on next page >>**

## Vocal Performance Institute Media Release Form

Date \_\_\_\_\_

I hereby give my permission to the Vocal Performance Institute within the University of Dayton, Department of Music, its agents, successors, assigns, clients and purchasers of its products, to use my photograph (whether still, motion, or television), recordings of my voice, and my name, in conjunction with the media program.

Name of Minor \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

# Informed Voluntary Consent and General Release

*(For parent/guardian signature of participants under age 18)*

In consideration of participation in The University of Dayton activity/program as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

**Group Name:** Vocal Performance Institute

**Location:** University of Dayton

**Date(s) of activity/program:** June 18-22, 2012

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child's participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understand the above statements.**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# University of Dayton Medical Release Form

(Please Print Information)

<b>Participant Information:</b>	
Last Name:	
First Name:	
Middle Initial:	
Age:	
Home Address:	
City/State/Zip/Country:	
<b>Parent or Guardian Information</b>	
Name:	
Home Phone:	
Work Phone:	
Cell Phone:	
<b>Medical Information:</b> Please circle YES or NO, give details for YES response.	
Do you have any allergies (including medications)?	YES NO
Are you presently taking any medications (if so, please list)?	YES NO
Do you have any significant health problems (if so, please list)?	
Physician's Name & Phone:	
Any additional information or special circumstances?	

I authorize the staff of the University of Dayton Student Health Center and/or any other medical facility designated by the UD Student Health Center to provide necessary medical services for treatment of illness or injury, including diagnostic procedures such as laboratory tests and x-rays to:

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**Name of Participant**

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**Title of University of Dayton Program** **Dates of Program**

I understand that I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

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**Signature of Parent or Guardian** **Date**