

Composition Workshop 2019 Registration Form

Fill out this form if you would like to pay registration fees by check or money order. Please type or print legibly.

To register online or pay by credit card, please visit: info.umkc.edu/cmda-comp

CONTACT INFORMATION

Participant's Name: _____ Gender: _____ Date of birth _____

If under 18: Parent/Guardian Name(s) _____

Street Address: _____ City _____ State _____ Zip _____

Primary Phone Number: (_____) _____ Secondary Phone Number: (_____) _____

Email Address: _____ Secondary Email Address: _____

Instrument you will be bringing/using for improve sessions (ex: piano, voice, laptop, etc...) _____

For which track would you like to register? (for more detailed descriptions visit: info.umkc.edu/cmda-comp)

Standard Track -- includes daily listening labs, faculty lectures, masterclasses, instrumental technique and reading sessions led by performers, composing time (with mentorship) and concerts featuring works by faculty composers, featured performers and others.

Electronic Track -- in addition to the activities included in the standard track, this track will provide an introduction to MIDI and DAW based software, recording live sound, and editing audio samples. Participants enrolled in this track MUST bring a laptop to the workshop.

Pedagogy Track (graduate students only) -- in addition to the activities included in the standard track, this track will provide composition teaching opportunities for graduate students to interact with younger composers under the mentorship of Composition Workshop faculty.

If applicable:

Current School: _____ Level in School ('18-'19 school year): _____

Private Composition Instructor: _____ Years of composition experience: _____

How did you hear about the UMKC Composition Workshop?

Teacher UMKC Website Printed Mailer/Ad Friend/Colleague Other: _____

Optional UMKC Conservatory Publicity Information

I would like to receive information about UMKC Conservatory of Music and Dance by: Email Postal Mail

***Communication: Participants will be contacted using the emails provided on this form. If you have additional emails you would like us to include, please note them on this form or contact us by email at music-ce@umkc.edu or phone at 816-235-2741.**

TUITION AND FEES

Fees must be paid in full by **May 24, 2019**. All fees and deposits are nonrefundable.
*Participants in all programs listed below must submit a payment of at least \$100.00 to secure a space in the program. Your registration is not complete until this payment has been received. This will count toward your full payment.

Registration Fees (choose one)	Cost	Amount Due
Standard Tuition	\$520.00	\$
Early Bird (must enroll by April 19)	\$470.00	
Other Fees		
Master Lesson	\$100.00	\$
Other fees (optional)	Cost	Amount Due
On-Campus Housing (Double occupancy); Participants who choose to stay on-campus will be housed in a UMKC residence hall for 6 nights (June 16-22). This fee includes bed linens and towels. Roommate Request: _____	\$300.00	\$
On-Campus parking permit: This will allow participants to park in UMKC Student Parking Lots. Parking is limited on campus, so a permit is strongly encouraged for those who will be bringing a car. Vehicle Make, Model, Color, & Year: _____ Vehicle License Plate #: _____	\$20.00	\$
Secure Wireless Internet Access (for those staying on on-campus) UMKC Residence Halls are equipped with secure internet access; this fee will provide each guest with a password to obtain this access. Campus-wide internet access is available to all at no cost to all participants, but is not accessible in the residence halls.	\$35.00	\$
Totals		
To pay by credit card: please register online: info.umkc.edu/cmda-comp	TOTAL DUE:	\$
MAKE CHECKS OUT TO UMKC	Total to be paid today*:	\$

<p>Mail all materials to: UMKC Composition Workshop 5227 Holmes Street Kansas City, MO 64110</p>	<p>Be sure to include the following materials:</p> <p><input type="checkbox"/> Registration Form</p> <p><input type="checkbox"/> Information/Photo Consent Form</p> <p><input type="checkbox"/> Personal Health and Medical Authorization Form</p> <p><input type="checkbox"/> Check or money order for total amount due</p>
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CONSERVATORY SUMMER PROGRAMS
INFORMATION/PHOTO CONSENT FORM

For valuable consideration, I do hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said video tape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.

Participant Name (Printed)

Date

Participant Signature (if participant is 18 or over)

Parent/Guardian's Signature (if participant is under 18)

PERSONAL HEALTH AND MEDICAL AUTHORIZATION FORM

To be filled out by parent, guardian, or adult participant. Please print in ink or type.

Contact information

Participant Name _____

Name of Parent or Guardian (if under 18) _____ Daytime phone # _____

If parent or guardian is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Personal Health Information

List any allergies: _____

Do you have issues with any of the following: Asthma, cancer/leukemia, convulsion/seizures, diabetes, heart trouble, hemophilia, high blood pressure, or kidney disease? If so, please explain: _____

List any medications to be taken during program: _____

List any physical or behavioral conditions that may affect or limit full participation in activities: _____

List equipment needed such as wheelchair, leg braces, etc: _____

Other pertinent information to which physician should be alerted in the event of an emergency: _____

Immunization: (give date of last inoculation, if known) Tetanus toxoid _____ Measles _____

Polio _____ Diphtheria _____ Mumps _____ Pertussis _____ Rubella _____

Other Medical Information

Regular Physician _____ Telephone Number _____

Regular Dentist _____ Telephone Number _____

Name of Insurance Carrier _____ Phone #: _____

Group Policy # _____ Individual Policy # _____

Policy under whose name? _____

MEDICAL AUTHORIZATION/HOLD HARMLESS AGREEMENT

I am the participant whose name appears on this form or the parent/legal guardian having custody of the minor whose name is indicated on this form. Permission is hereby given for said participant to participate in all excursions and transportation sponsored by the Conservatory of Music and Dance. I understand that the Curators of the University of Missouri-Kansas City, Conservatory of Music, Community Music & Dance Academy, and UMKC will not be held legally responsible for injuries incurred during organization activities and transportation to and from those activities. I give my consent, in the event all reasonable attempts by Conservatory personnel to contact me or any emergency contacts at the telephone numbers set forth above have been unsuccessful, for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist and (2) the transfer and admission of said participant to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems it necessary. Whenever possible, a second physician must concur in the necessity for such surgery. I understand that the Curators of the University of Missouri, Conservatory of Music and Dance, Community Music & Dance Academy, will not be responsible for medical expenses for injuries not caused by those entities, their employees or agents.

Adult Participant/Parent/Guardian's Name (printed)

Adult Participant/Parent/Guardian's Signature

Date

Please return all forms to our office:

UMKC Composition Workshop
5227 Holmes St.
Kansas City, MO 64110