




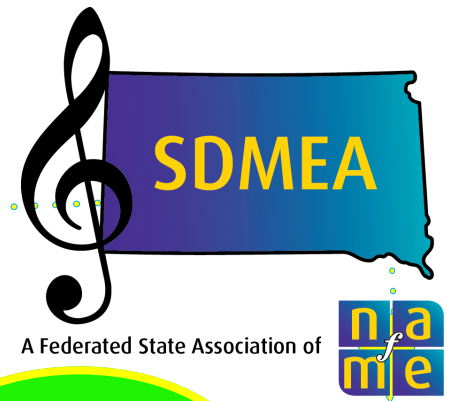
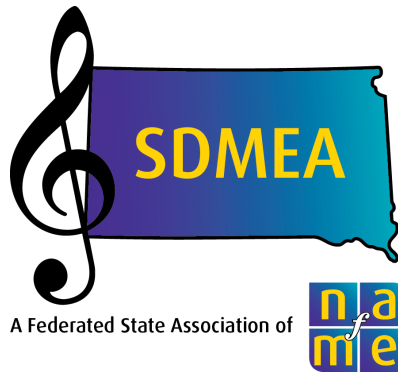


Join us for musical fun and learning!

-  For students who have completed grades 1-6
-  July 10th-14th, 9:00AM-3:30PM
-  Held at Augustana College
-  Early Registration (postmarked by May 15th)- \$130
-  Registration (postmarked by July 6th)- \$175

Please make checks payable to SDMEA



is proud to sponsor the 6th annual

KIDS SING CAMP

2017

Please fill out and mail registration form to address below:

SDMEA
c/o Melissa Fikse
8008 South Grass Creek Drive
Sioux Falls, SD 57108
Phone: 605-929-2262
E-mail: melissa.fikse@k12.sd.us



Kids Sing Camp 2017 Registration Form



Student Name: _____ Age: _____ Grade (2017-2018): _____
Address: _____ Gender: M or F
City: _____ State: _____ Zip: _____
School student attends: _____ T-Shirt Size: _____

Parent/Guardian: _____

Address (if different than student): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Any Medications: _____

Any Allergies: _____

Special accommodations needed: _____

I encourage my child to participate in the South Dakota Music Educators Association (SDMEA) Kids Sing Camp. I agree to support all the camp policies and procedures. I grant SDMEA the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news, or advertising– to include print, video, broadcast media, and the internet.

I release SDMEA from any and all claims of payment for performance rights, residuals, and damages for libel, slander, invasion of privacy, or any claim based on the use of said material. Furthermore, I certify that my child is covered by our family health insurance policy. In case of injury I give my permission for a doctor to administer appropriate treatment. I assume financial responsibility for health costs including the costs of medication, x-rays, lab work, or hospitalization. I release SDEMA and its employees from all claims resulting from any injuries which may be encountered by my child while at camp. I understand that no camp insurance is provided. I understand the refund policy as stated.







**No refunds will be given for days missed.

Parent/Guardian(printed): _____

Signature: _____ Date: _____

For office use only: Paid _____
Check: _____ Date: _____

Objectives:

-  To develop a love for singing and an appreciation for music
-  To develop pitch matching skills
-  To develop rhythmic skills
-  To learn how to read music by singing solfege (do, re, mi)
-  To sing quality repertoire
-  To develop performance skills

Other Information:

- * A t-shirt and all snacks are included in the registration fee.
- * Students receive individual instruction, small group instruction, and large group instruction.
- * Instructors for this year include:

Joy Lang– Lennox

Melissa Fikse–Harrisburg