



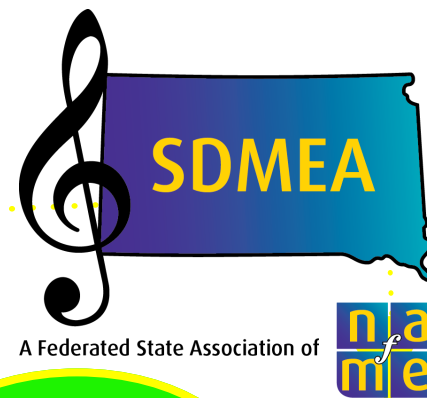
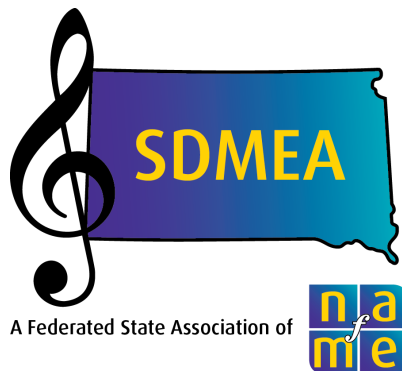


**Join us for
musical fun
and learning!**

-  For students who have completed grades 1-6
-  July 23rd-27th, 9:00AM – 3:30PM
-  Held at
University of Sioux Falls
-  Early Registration
(by May 13th)- \$125
Registration
(after May 13th)- \$175



*is
proud to
sponsor the 7th
annual*

**KIDS SING
CAMP**

2018

**Please fill out and mail
registration form to address
below:**

Erin McFarland
1813 S. Katie Ave #1
Sioux Falls, SD 57106
Phone: 301-828-5602
Email: Erin.McFarland@k12.sd.us



Kids Sing Camp 2018 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: _____

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.

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