



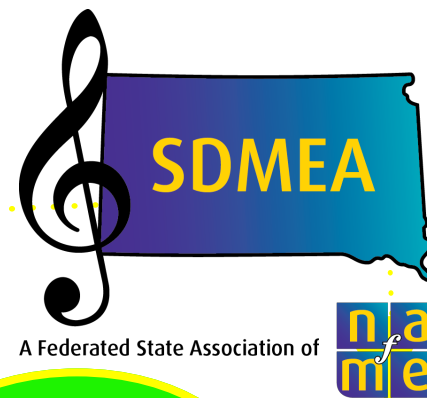
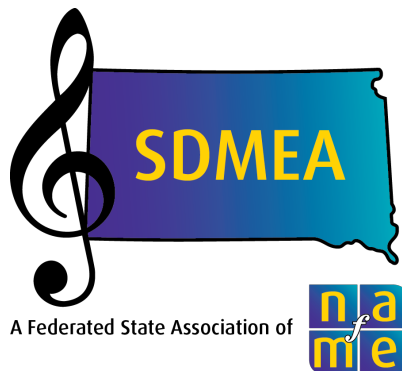


# Join us for musical fun and learning!

-  For students who have completed grades 1-6
-  July 23rd-27th, 9:00AM – 3:30PM
-  Held at University of Sioux Falls
-  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: \_\_\_\_\_