Leinster Suzuki Group- National Summer Workshop 2014

*August 5th- 8th 2014 -Violin- Viola- Cello- Piano*

***Fully Residential for all; parents, teachers and pupils at Kings Hospital, Palmerstown, Dublin***

**Section 1- Tuition Information**

**All Prices Inclusive of Accommodation and Meals**

***Early Bird Prices* are available until April 18th 2014. 1st, 2nd and 3rd child €270 each. 4th child €120 (acc only)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fee Schedule:** | **Name:** | **Age:** | **M/F:** | **Instrument:** | **Top Suzuki Piece:** | **Teacher:** |  |
| **1st Child - €300** |  |  |  |  |  |  | € |
| **2nd Child- €300** |  |  |  |  |  |  | € |
| **3rd Child- €300** |  |  |  |  |  |  | € |
| **4th Child/ Accompanying Siblings- €120** |  |  |  |  |  |  | € |
| **Parent/ s Observer-€120** |  | / |  | / | / | / | € |
| **Teacher Trainee-**  **€150** |  | / |  |  |  | / | € |
| **SEIi Family annual membership fee (unless already paid to teacher) €10 .** | | | | | | | € |
| **Total Workshop Fee** | | | | | | | € |

***Cheques made payable to Leinster Suzuki Group.***

**Section 2:Teachers Form** (please ask your Suzuki Teacher to fill in this section)

We would like all students to play a solo, if possible. In order for the students to have a 'good experience' and to keep a high standard, we ask that teachers help to determine a suitable solo piece, something the student has learned at least 5 pieces prior to their learning piece at the time of application. Non Suzuki pieces are welcomed but students must bring accompaniment parts for the concert.

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| --- | --- | --- | --- | --- |
| **Name of Pupil:** | **Top Suzuki Piece:** | **Orchestral Experience:** | **Approved Solo Piece:**  (*at least* 5 pieces before learning piece at application) | **Teacher's Signature:** |
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|  |  |  |  |  |
| **SEIi members** (circle appropriate) | YES | NO |  |  |

**Section 3: Parent's/ Guardian's Contact Information**

All students' under 12 must have a Parent or guardian present on campus at all times. Unaccompanied teenagers are welcome provided they have a nominated parent/ teacher as the accompanying adult. The accompanying adult must be permitted to make decisions on the parents behalf in case of emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents Name:** |  | **Accompanying Adults Name**, if different: |  |
| **Address:** |  | **Address:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Mobile:** |  | **Mobile:** |  |
| **Email Address:** |  | **Email Address:** |  |
| **Signature:** |  | **Signature:** |  |

**Section 4- Medical Information**

**N.B. Every resident must send a completed medical/permission form, including adults. Please copy as required.**

* All players take part at their own risk.
* It is a requirement of the insurance policy that all children attending the camp must have a responsible adult present.
* Players are individually responsible for insuring their own instrument.

**Please be assured that information given will be held in confidence.**

Please inform us of any complaint, which might require urgent attention in an emergency.

**Name**........................................

**Date of birth**.....................................

**Does he/she have any known allergies?** Yes /No

**Is he/she using any medication including inhalers of any kind?** Yes /No

**Does he/she have epilepsy or diabetes?** Yes /No

**If the answer to any of the above was ‘yes’ please give details**

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

**This person's next of kin/ accompanying adult is** ………………………………………………………………………

**In the event of an accident or emergency where the parent / guardian/ next of kin cannot be reached I give permission for the administration of a general anaesthetic and / or appropriate medical Treatment.**

**Signature (parent / guardian for students) …………………………………….. Date…………………………**

**Address ……………………………………………………………………………………… ………………………………………………**

**Tel No’s……………………………**

**Email: ………………………………………………**

**Section 5- Accommodation**

Rooms will be allocated on a first come first served basis. We endeavour to provide private rooms (2, 4 - 1 ensuite or 6 bed- 2 ensuite) but inevitably some people will have to share. If you have a preference to share with a particular family please indicate below.

­­­­­­­­­­­­We are happy to share with :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As meals are inclusive of the price we must be aware of food allergies in advance for the school's information. Please Indicate Below whether/ how many members of your party suffer from the following allergies:

Nut Allergy: Wheat Allergy (Coeliac):

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For more information about the workshop or the venue please check the Suzuki Ireland website for updates; [www.suzukiireland.net](www.suzukiireland.net%20) or get in touch with Karen O'Connor directly (details below). We can't wait to welcome you to King's hospital for some fun, games and beautiful music!

**If you would like confirmation of this application by post please enclose a stamped self addressed envelope. Otherwise, you will receive email confirmation.**

**Completed Application forms and fees returned to: Karen O'Connor- 10 Sugarloaf Drive, Kilmacanogue, Bray, Co. Wicklow. 085-7256642/ KarenOConnor24@gmail.com Cheques made payable to Leinster Suzuki Group.**