

UNIVERSITY OF SOUTH DAKOTA SUMMER MUSIC CAMP

July 13-18, 2025

please print neatly

Application Form

First Name _____ Last Name _____ Preferred Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email (student) _____ Email (parent) _____

Your age _____ What grade did you just complete (2024–2025 school year)? _____ High School Graduation Year? _____ Adult T-Shirt Size _____

Home Phone Number _____ Parent Work Phone _____

Student Cell Number _____ Parent Cell Phone 1 _____

Parent or Guardian Name _____ Parent Cell Phone 2 _____

Your primary instrument or voice type (be specific) _____

Secondary instrument or voice type (optional) _____

Name of School _____ City _____ State _____ Zip _____

Housing and Registration:

I will stay on campus (\$500*). I would like to request a specific roommate (optional) _____

I will attend as a commuter with meals (\$375).

(only mutual requests will be honored)

I have allergies to certain foods (list allergies).

***After June 20, the camp fees will increase to \$525 for residential campers, \$400 for commuters.**

Private Lessons: Please indicate half or full hour. Students can select up to three areas of interest. Hour lessons are for students in grades 9-12 only. Lessons are \$25 for a half hour and \$50 for a full hour.

Area 1: Half hour Full hour Area: _____

Area 2: Half hour Full hour Area: _____

Area 3: Half hour Full hour Area: _____

Scholarships: (please check all that apply)

\$50. To verify your eligibility, please include a photocopy of a solo contest award certificate showing a "Division I" rating or a signed letter of certification from the music teacher who helped you prepare for contest or All-State in 2024–2025.

One \$50 performance scholarship only.

I have been awarded a local scholarship by _____

for the amount of \$ _____.

*Please bring a check made out to "USD" with you to registration. If the sponsor prefers, have the check mailed to USD with your name and the words "Music Camp Scholarship" in the memo line. Local scholarships can be used in addition to camp scholarships. **Local scholarships will not be applied until they are received.***

Registration Fee: \$ _____

Total Lesson Fee(s): \$ _____

TOTAL CHARGES: \$ _____

Less Anticipated USD Scholarships: \$ _____

Less Anticipated Local Scholarships: \$ _____

AMOUNT ENCLOSED: \$ _____

BALANCE DUE: \$ _____

Payment of Fees: Enclose a check for the full amount with this application.

For any special circumstances please email music@usd.edu for assistance.

See Reverse Side

Ensemble Registration — Select any combination of major ensembles. Participation in a major ensemble is required.

Band Choir String Orchestra

Select any combination of the following secondary ensembles (optional) and rank them in order of preference.

___ Chamber Strings ___ Percussion Ensemble ___ Show Choirs ___ Jazz Band

Jazz Instrument _____

Parental Approval (print name and sign name)

I permit my child to participate in the University of South Dakota Summer Music Camp. I agree to support all camp rules and regulations. I grant the University of South Dakota 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 the University of South Dakota 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 care costs including the costs of medication, x-rays, lab work or hospitalization. I release the State of South Dakota, Board of Regents, the University of South Dakota 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 below.

I agree to indemnify and hold harmless the State of South Dakota, its officers, employees and agents for any claims, causes of action or liability to any other person arising from participation in the camp.

Name of parent or guardian (printed) _____

Signature _____ Date _____

To Apply

1. Complete both sides of this application. Please print neatly.
2. Parents, please sign the approval section of the above and write a check to USD for the total due, or contact music@usd.edu with special circumstances.
3. Send via U.S. mail to the address below.

The front and back of this application must be completed in full and signed by a parent or guardian. The application must arrive with payment to be complete.

Refund Policy

Refunds for cancellations may be arranged up to 48 hours prior to the start of camp. Refunds for students arriving late or leaving early may not be considered. At least \$100 will be retained by USD to cover registration expenses.

Online Registration available at usd.edu/Summer-Music-Camp



Address all correspondence to:

Dr. David Holdhusen
USD Summer Music Camp | USD Department of Music
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David.Holdhusen@usd.edu | 605-658-3467