



## NEW!! Suzuki Violin Lessons

The Suzuki method is an educational philosophy, which strives to create “high ability” and beautiful character in its student through a nurturing environment. Its primary vehicle for achieving this is music education on a specific instrument. The ‘nurture’ involved in the movement is modeled on a concept of early childhood education that focuses on factors which Shinichi Suzuki observed in native language acquisition, such as immersion, encouragement, small steps, and an unforced timetable for learning material based on each person’s development readiness to imitate examples, internalize principles, and contribute novel ideas.

**Trial Lessons:** Interested in trying to learn the violin? Sign up for a 3-week trial lesson. Lessons are for youth starting at age 3 and times are available in the evenings on Tuesdays or Wednesdays from 5:00-7:00pm. Each lesson meets once a week and is approximately 20-25 minutes long depending on the attention span of the student. Lessons will be held at the North Street YMCA and the cost is \$30 for YMCA Members or Non-Members. A Violin and music will be available to borrow during the trial lessons.

**Beginner Lessons:** Beginning Suzuki Violin lessons will concentrate on proper stance and holding positions. Children will be taught at their own pace and desire. Parents will be encouraged to be involved in each lesson and at home with their students. Lessons for beginners will be for students who are at least 4 years of age or have completed the trial lessons. Students will need to provide their own appropriate violin and music books will be available for purchase from the instructor. Lessons will meet once a week and will last 20-25 minutes each depending on the attention span of the student. Lessons will run for 6 weeks at a time on Tuesday or Wednesday evenings from 5:00-7:00pm. Cost is \$90 for YMCA Members or \$150 for Non-Members.

**Registration for Suzuki Violin lessons is available at any of the YMCA of DeKalb County facilities. Upon registration the instructor will be in contact to arrange the start and time of the lessons.**

Main Street Branch  
310 North Main Street  
Auburn, IN 46706

North Street Branch  
533 North Street  
Auburn, IN 46706

Garrett Community YMCA  
1200 East Houston Street  
Garrett, IN 46738

(260)925-9622 or [www.ymcadecalb.org](http://www.ymcadecalb.org)





**YMCA of DeKalb County, Inc.**

*Please Check the Program that you are enrolling for*

- AUSL (youth Soccer)     PNO (Parent's Night Out)     Y-Zone (Teen Night)     Safe Sitter
- Other program: \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Child and Family Information:**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ ( as of Aug 1<sup>st</sup>)  
 Name child is called: \_\_\_\_\_ Birth date: \_\_\_\_\_ M / F  
 Child's address: \_\_\_\_\_  
 Child's phone: \_\_\_\_\_  
 Medical restrictions or conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other comments about your child: \_\_\_\_\_

• Team Request: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Phone Numbers**

(Name) _____	(Phone and/or cell #) _____	(Relationship to child) _____
(Name) _____	(Phone and/or cell #) _____	(Relationship to child) _____

**Participant Waiver**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the Sate of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release and Pick Up Information**

Please list the names and phone numbers of the persons who may pick up your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**Registration Fee Paid (date)** \_\_\_\_\_ Member / Program / Participant **REVISED 2/1/10 JMR**