



Green Mountain Youth Symphony

“the music is just the beginning . . . ”

APPLICATION: DAY CAMP 2011

Please complete and return to GMYS along with your nonrefundable \$50 deposit by May 31
~ Acceptance is by audition only ~

INFORMATION

Dates: Monday, July 11, 2011 – Friday, July 15, 2011

Levels: Beginning – Intermediate young musicians

Cost: \$250

PARTICIPANT INFORMATION

Student

Date of Birth _____ Instrument _____ Yrs of study _____

Mailing Address _____

Home Phone _____ Email _____

T-Shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Parent/Guardian 1

Address and Home Phone (if different from student) _____

Work Phone _____ Cell Phone _____

Email _____

Parent/Guardian 2

Address and Home Phone (if different from student) _____

Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relation to Student _____

Day Phone _____ Evening Phone _____

Pick-Up. People (other than parent or guardian) who may pick up your child from camp

Name _____ Relation to student _____

Name _____ Relation to student _____

Photography. Photographs taken during the camp may be used in future GMYS publications. Do you grant permission for your child's image to be used for this purpose? **YES / NO**

PAYMENT & REFUND POLICY

Tuition for the camp is \$250. The payment schedule is as follows:

1. Nonrefundable \$50 deposit due with your application
2. Balance due in full by May 31

Please make checks payable to Green Mountain Youth Symphony and mail to GMYS at P.O. Box 384, Montpelier, VT 05601-0384.

Refunds may be available under the following conditions: 1) the \$50 deposit is nonrefundable (if accepted into the camp); 2) a full refund, minus the \$50 deposit, is available until May 31, after which a refund of 75% of tuition is available until June 15; 3) no refunds are available after June 15.

Scholarships are available and are awarded based on financial need. To apply for a scholarship, please complete the attached Scholarship Application form and return along with this application. A copy of your family's 2010 Federal Tax Return is due by **April 30**.

CAMP INFORMATION

Activities. My child has permission to participate in all GMYS activities.

Signature of parent or guardian _____ Date _____

Schedule/Facilities. Camp activities will take place between 9am and 3pm at the Monteverdi Music School, the adjacent playground, and St. Augustine's Church a few doors down. Will you need before care or after care for an additional cost of \$5 per hour? **YES / NO**

If yes, when? _____

Meals. Students should bring their own lunches. Snacks will be provided. If you have any special dietary needs, including food allergies, please describe them below.

**MEDICAL ACKNOWLEDGEMENT,
WAIVER, AND AUTHORIZATION**

Please list any medical needs, allergies, asthma, medications, etc. that GMYS should be aware of

Are there any emotional issues which may prevent your child from being successful during a camp of intensive musical study that you would like to make GMYS aware of?

I hereby acknowledge that my child _____ is solely responsible for administering his/her own prescription medicine while in attendance at any GMYS program or event. I further acknowledge that my child has been properly instructed by either myself or a licensed physician on the proper dosage and method of administration, and is capable of administering his/her own prescription medicine in accordance with said instructions.

I, on behalf of myself and my child, hereby agree to hold harmless and do hereby waive any and all claims against the Green Mountain Youth Symphony and its officers, employees, and agents, for any injuries to my child resulting from or caused by my child's failure to take or properly administer his/her prescription medicine while in attendance at GMYS programs or events.

In the event of an emergency, if a parent or guardian cannot be reached, I give my permission for _____ (student's name) to be treated by a physician selected by GMYS, who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named herein.

To the best of my knowledge, I have listed my student's medical problems on this form.

Signature of parent or guardian _____ Date _____

INSURANCE INFORMATION

Insurance Company _____

ID Number _____ Group Number _____

Subscriber _____

Address _____

Phone _____ Employer _____

STUDENT'S DOCTOR INFORMATION

Doctor _____

Practice Name _____ Phone _____



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DAY CAMP SCHOLARSHIP APPLICATION

The Green Mountain Youth Symphony has reserved funds for scholarship support for students who wish to attend one of the summer music camp. All families who need help are invited to apply. Decisions for eligibility will be based on income and family size.

Tuition for the 2011 Summer Music Camp is \$250.

If you are applying for a scholarship, please complete this form and submit it along with your camp application. *A copy of your family's 2010 Federal Tax Return must also be submitted by April 30.*

Participant Name: _____

How much can you contribute toward camp tuition (optional)? \$ _____

Statement of Need: If you do not fit our current income profile for scholarship eligibility, yet have extraordinary circumstances which will help in considering your application, please write a brief statement outlining them. You may use the back of this form if necessary.

I verify that the above information is true and that this child requires financial assistance.

Parent/Guardian Name (please print): _____

Signature _____ Date _____