



Green Mountain Youth Symphony

“the music is just the beginning . . . ”

APPLICATION: SUMMER MUSIC PROGRAM 2011

Please complete and return to GMYS along with your nonrefundable \$50 deposit by April 30
or by March 12 for early registration*
~ Acceptance is by audition only ~

INFORMATION

Sunday, August 7, 2011 – Saturday, August 13, 2011

Intermediate – Advanced young musicians

Cost: \$750 for GMYS members

\$700 early registration for GMYS members by March 12*

\$850 for non-GMYS members (\$100 will be applied towards tuition if the student participates in GMYS in 2011-2012)

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 \$750 for GMYS members (or \$700 for early registration by March 12) and \$850 for non-GMYS members. The payment schedule is as follows:

1. Nonrefundable \$50 deposit due with your application
2. Second payment of \$300 due by May 15
3. Balance due in full by June 30

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 15, after which a refund of 75% of tuition is available until June 30; 3) no refunds are available after June 30.

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**. Notification will take place by June 30.

CAMP INFORMATION

Activities. My child has permission to participate in all GMYS activities, including swimming with a lifeguard present and being transported off-campus by car or van or bus for a performance in Greensboro on Friday, August 12.

Signature of parent or guardian _____ Date _____

Housing. Students will reside in one of the dormitories at Johnson State College. Male and female rooms will be located on different floors. If you would like to share a room with a specific person, please list them here and we will do our best to honor your request. Otherwise, a roommate will be assigned.

Meals. All meals will be provided by the Johnson State College cafeteria. 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 _____



Green Mountain Youth Symphony

“the music is just the beginning . . . ”

SUMMER 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 Program is \$750 for GMYS members and \$850 for non-GMYS members.

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.*

You will be notified of your award, if any, before June 30, and the balance of your tuition will also be due at that time.

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 _____