

2009-2010 VYP Philharmonia Registration Packet

STUDENT NAME: _____

Please return this entire packet **no later than July 10, 2009** to:
Vermont Youth Orchestra Association, 223 Ethan Allen Ave, Colchester, VT 05446

If you do not plan to participate this year, please notify us immediately at 655-5030

Music Theory Classes (optional - see enclosed schedule for details)

If you want to enroll in one or both semesters of the 2:45 p.m. Music Theory Classes please check the appropriate box(es) below. The cost is \$50 per semester (ten-week session). Please include payment with tuition or add to your financial aid application.

2:45 classes: Theory I (Sep. 13 to Nov. 22) Theory II (Jan. 10 to Mar. 28)

4:00 classes: Theory II (Sep. 14 to Nov. 23) Theory III (Jan. 10 to Mar. 28)

Tuition: (please check one)

Includes *Reveille!* Music Festival on August 2-9, 2009 (see additional details enclosed)

VYP Tuition = **\$1175**

VYP Tuition + one semester of Music Theory = **\$1225**

VYP Tuition + two semesters of Music Theory = **\$1275**

There will be no tuition refunds after the first rehearsal of the season.

PAYMENT METHOD: (please check one)

Enclosed is my check, payable to "Vermont Youth Orchestra Association" or "VYOA"

I wish to apply for **Financial Aid**. I am submitting my application today under separate cover, per instructions. (Financial Aid applications are **due by July 10.**)

I wish to charge \$ _____ as follows: Master Card _____ Visa _____

Card number _____ Exp. date _____/_____/_____

Name (as it appears on card) _____

Signature (for credit card payment) _____

List any friends or family that you would like to add to the VYOA mailing list (grandparents, for example) to receive notice of upcoming events and opportunities to support our programs —include name, *email address*, home address and relationship to student:

Return: This form with payment Media Consent (1 page) Medical (2 pages) Reveille (2 pages)

Office Use only: Date Received: _____ \$ Enclosed: _____ Ck# or C/C _____ Media Consent Medical Reveille

Vermont Youth Orchestra Association

Media Consent Form

Due to the nature of publicizing and advertising Vermont Youth Orchestra Association concerts, activities and special events, the VYOA interacts frequently with media representatives from television, radio and print publications. Students maybe invited to speak with a member of the media for the sole purpose of promoting a specific concert or event. A student is never permitted speak to a member of the media without supervision from Marketing Director, Lisamarie Charlesworth.

The VYOA hires a professional photographers for specific events, and uses professional photographs in various publicity and marketing efforts (ie: reports, posters, brochures) throughout the season. Photos taken during the season may also be posted to our website.

We require your approval before proceeding with any type of media plan during the season. Your signature on this consent form indicates your understanding of our media practices, and authorizes that your child may:

1. Interact with the media during his or her term as a VYOA member, or participant in a VYOA program.
2. Have his or her photograph taken, and used as a part of VYOA public relations efforts.

Student's Name _____

Student's City, State _____

Student's Program: VYO VYP Sinfonia VYStrings VYCW
 VYO Chorus Concert Chorale

Student's Instrument and/or Voice Type: _____

Please check one of the following:

_____ Yes, I have read & approve of the above outlined media practices.

_____ No, please do not include my child or his/her image as part of public relations plans.

Parent's | Guardian's
Signature _____

Date _____

Questions should be directed to Lisamarie Charlesworth, Director of Marketing at
802.655.5030 ext 101 or lisamarie@vyo.org

Vermont Youth Orchestra Association
Medical Information & Authorization Form

Please print clearly & complete BOTH pages of this form.

This form must be completed & signed by a parent/guardian prior to the first rehearsal!

Student Name: _____

Gender: Male Female Date of Birth: ____/____/____ Date of last tetanus shot: ____/____/____

Dietary Restrictions: _____

Please list allergies or chronic conditions of any sort which the VYOA staff should be aware (this information will remain confidential): _____

Mother/Guardian Name: _____

Address/City/State/Zip: _____

Home Phone: (_____) _____ - _____ Work / Cell Phone: (_____) _____ - _____

Father/Guardian Name: _____

Address/City/State/Zip: _____

Home Phone: (_____) _____ - _____ Work / Cell Phone: (_____) _____ - _____

Emergency Contact (if no Parent/Guardian is available)

Name: _____ Relation to Student: _____

Address/City/State/Zip: _____

Home Phone: (_____) _____ - _____ Work / Cell Phone: (_____) _____ - _____

Student's Doctor Information

Doctor's Name: _____

Practice Name: _____

Phone: (_____) _____ - _____

Insurance Information

Insurance Company: _____

ID Number: _____ Group Number: _____

Insurance Subscriber

Name: _____

Address (if different than listed above): _____

Primary Phone: (_____) _____ - _____ Employer: _____

Special Instructions: _____

Vermont Youth Orchestra Association
Medical Information & Authorization Form, continued

Prescription Medicine Disclosure & Release

Vermont Youth Orchestra Association, Inc., a Vermont non-profit corporation, hereby discloses to you that there will not be a person present to administer prescription medicines to your child during his or her participation in VYOA programs.

In cases where medical attention may be necessary, VYOA staff will transport students to local medical facilities. Any time medical attention is sought, we will attempt to contact a parent or guardian immediately.

Please list prescription & non-prescription medicine your child is currently taking:

Acknowledgement, Waiver, & Authorization

We hereby acknowledge that our child _____ is solely responsible for administering his or her prescription medicine while in attendance at any Vermont Youth Orchestra Association event, and we further acknowledge that our child has been properly instructed by either ourselves or a licensed physician on the proper dosage & method of administration of his or her prescription & that he or she is capable of administering his or her prescription medicine in accordance with said instructions.

We, on behalf of ourselves & our child, hereby agree to hold harmless & do hereby waive any & all claims against Vermont Youth Orchestra Association, Inc., & its officers, employees, and agents, for any injuries to our child resulting from or caused by our child's failure to take or properly administer his or her prescription medicine while in attendance at VYOA events.

In the event of an emergency, if a parent or guardian cannot be reached, I give permission for _____ (student's name) to be treated by a physician selected by the VYOA administration, 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. My child has permission to participate in all VYOA activities.

Parent/Guardian Signature _____

Relation to Student _____ Date _____

Reveille! Music Festival Registration Form – August 2 - 9, 2009

Return this form to the VYOA office by July 10, 2009

1. Student name _____ Orchestra: VYO VYP

Check here if this is your first year attending Reveille

2. All VYO & VYP members are expected to attend all of Reveille. If you will miss any part of *Reveille!*, it is very important for us to know when you will be absent in order to schedule your lessons and chamber ensembles. All plans for partial attendance must be discussed in advance with Reveille! Festival Director, Anne Decker. Please complete & sign this form & mail back to the VYOA office after notifying Anne Decker of any attendance concerns:

YES! I will be attending **all** of *Reveille!* (Skip ahead to Number 3)

No, I will not be able to attend all of *Reveille!* Please fill in one of the following:

I will arrive late - Arrival date _____ & time _____ am / pm.

I will leave early - Departure date _____ & time _____ am / pm.

I will leave for a brief time during *Reveille!* because of _____

Departure date _____ & time _____ am / pm

Return date _____ & time _____ am / pm

You MUST also notify Anne Decker (anne@vyo.org) if you will not be attending all of *Reveille!*

3. Please check your preferred vocal range: soprano alto tenor bass

4. If you have already put together a chamber music ensemble which you would like to perform with or if you have any other requests for your chamber music assignment, indicate that here. (We will do our best to honor student preferences in this area, but we may not always be able to do so.)

5. Special dietary needs _____

6. Rooming: Housing is arranged for **singles, doubles or quads**. If you are requesting a single or wish to room with specific people, please indicate that here. Note that we may not be able to accommodate all requests.

1. _____ 3. _____

2. _____ 4. _____

For security purposes, please check here if you are a heavy sleeper

7. To complete our records, please provide the following:

School in Fall of 2009 _____ Grade in Fall of 2009 _____

School Principal _____

Private Music Teacher _____ Secondary Instrument, if any _____

Parent & Student signature is REQUIRED on page 2 of this form!

This agreement must be signed by student & parent/guardian:

VYOA Reveille! Music Festival Policies

The Absolutes:

- No possession or use of alcoholic beverages, controlled substances, or tobacco.
- No sex.
- No student operation of a motor vehicle.
- No leaving the Saint Michael's College campus without staff supervision or permission.

Any violation of the above will result in immediate expulsion from camp without tuition refund.

House Rules:

- Students must maintain a low noise level after sunset. Please observe Quiet Hours from 10:00 p.m. to 7:30 a.m. There will be younger students present who we encourage to go to bed earlier than 11p.m.
- Students must check into their own assigned dorm rooms (and stay there) by **11:00 p.m.**
- Treat the facilities, grounds, and equipment of Saint Michael's College with respect.
- Show consideration for your fellow musicians, for the *Reveille!* Music Festival staff & faculty, and for the Saint Michael's College and Fort Ethan Allen communities.
- No swimming without a certified lifeguard.
- If you are scheduled to leave campus, you must check-out with a Camp Life staff member (your counselor or the Camp Director).

Any violation of the above can result in a meeting with the Festival Camp Life Director, parental notification, and/or other assigned consequences.

Other Guidelines:

- Be On Time – show up promptly for rehearsals and for check-in.
- Be Awake – get enough sleep so you can do a good job.
- Be Safe – no running or horseplay in the dorms.
- Be Clean – pick up after yourself.
- Be Alert – notify a staff member immediately if there is an emergency.
- Be Cool – don't do anything stupid.

Any violation of the above can result in a meeting with a staff member. Continued violations can result in consequences of House Rules above.

We have read the *VYOA Reveille!* Policies, we understand them, and we agree to abide by them.

Signed by:

Parent/Guardian _____ **Student** _____

Please return the 2 pages of this form by July 10, 2009 to:

Vermont Youth Orchestra Association
223 Ethan Allen Avenue
Colchester, VT 05446

If you have any questions, please contact your orchestra manager:

YYP students Art DeQuasie 802-655-5030, ext. 303 or art@vyo.org

VYO students Carolyn Long 802-862-6732 or carolyn@vyo.org

VYOA Financial Aid Application

Please be sure to complete BOTH pages of this form

Section 1. Program Information:

Total Program(s) Fee: \$_____ We must receive this application in our office no later than **July 10, 2009**

- | | | |
|---|--|--|
| <input type="checkbox"/> Vermont Youth Orchestra | <input type="checkbox"/> Vermont Youth Strings | <input type="checkbox"/> Fall Music Theory |
| <input type="checkbox"/> VYO Tour | <input type="checkbox"/> Vermont Youth Chamber Winds | <input type="checkbox"/> Spring Music Theory |
| <input type="checkbox"/> Vermont Youth Philharmonia | <input type="checkbox"/> VYO Chorus | <input type="checkbox"/> Presto |
| <input type="checkbox"/> Vermont Youth Sinfonia | <input type="checkbox"/> Vermont Youth Concert Chorale | <input type="checkbox"/> Music Day Camp |

Section 2. To be completed by the applicant(s):

Student's Name: _____ Phone: _____

Parent's Name(s): _____

Mailing Address: _____

Section 3. Instructions:

It is the policy of the Vermont Youth Orchestra Association to provide financial aid, to the extent that our limited resources allow, for applicants who are truly in need, and who otherwise would be unable to participate. Before applying for financial aid, please consider carefully your family's spending priorities and your child's dedication to the program. Thank you.

1. Please note the return date requested in Section 1 above.
2. Complete section 3 above.
3. Complete in full AND SIGN page 2 of this application.
4. Enclose one copy of all federal forms 1040 (with all schedules) most recently filed by each member of your family. *We regret that we cannot process your application without these forms.*
5. Enclose pages 1 & 2 of this Financial Aid application, and your forms 1040 in an envelope addressed to:

Review Committee
Vermont Youth Orchestra Association
223 Ethan Allen Ave.
Colchester, VT 05446

The Vermont Youth Orchestra Association assures that the information requested will be held in confidence. Your application and forms 1040 will be reviewed only by the Financial Aid Committee. This committee will consist of the VYOA Executive Director and three Board members each of whom has agreed to hold all information submitted in the utmost confidence. This application and your attached federal tax forms will be shredded after processing, or will be returned to you if you provide a stamped, self addressed envelope for that purpose.

Financial Aid Application, continued

All information requested must be provided in full. One copy of all federal forms 1040 (with all schedules) most recently filed by each member of your family must be enclosed. We regret that we cannot process incomplete applications. If you wish to do so, please attach a letter explaining any special circumstances which you feel should be considered.

APPLICANT INFORMATION

Student Name: _____ Date: _____

Program (e.g. VYO, VYP): _____ Program Fee: \$ _____ Applying for aid in the amount of: \$ _____

FAMILY INFORMATION LIST NAMES AND AGES OF DEPENDENTS, AND DEGREE OF DEPENDENCY (E.G. "FULL", "HALF", etc.)

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE INFORMATION HERE:

INDICATE ALL FINANCIAL AID PROGRAMS FOR WHICH YOU PRESENTLY QUALIFY:

- | | | | |
|-------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> ANFC | <input type="checkbox"/> DR. DYNASAUR | <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> PROPERTY TAX REBATE |
| <input type="checkbox"/> VSAC | <input type="checkbox"/> SCHOOL LUNCH | <input type="checkbox"/> FOSTER PARENTS | _____ |
| <input type="checkbox"/> WIC | <input type="checkbox"/> SSI | <input type="checkbox"/> TOOTH FAIRY | _____ |

MOTHER OR GUARDIAN INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation/Title: _____ Employer: _____

Employer Address (STREET, CITY, STATE): _____

Earnings this year: _____ Earnings last year: _____

Equity in Real Estate: _____ Value of Savings Account: _____

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): _____

FATHER OR GUARDIAN INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation/Title: _____ Employer: _____

Employer Address (STREET, CITY, STATE): _____

Earnings this year: _____ Earnings last year: _____

Equity in Real Estate: _____ Value of Savings Account: _____

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): _____

Signature(s) of Parent(s): _____

I (WE) HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY (OUR) ABILITY, AND I (WE) BELIEVE THEM TO BE CORRECT. I (WE) AFFIRM THAT, WITHOUT THE AID REQUESTED ABOVE, IT WOULD BE A STRUGGLE FINANCIALLY TO ENROLL MY (OUR) CHILD IN THIS PROGRAM.