



# Registration Packet – VYP 2010-2011

**STUDENT NAME:** \_\_\_\_\_

Please return this entire packet **no later than July 9, 2010** 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 ext. 108

**Music Theory Classes** (optional - see Info Packet for details)  
If you would like to enroll in one or both semesters of the **2:45 – 3:45 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.

- Theory III (Sep. 12 to Nov. 21)\*                       Theory I (Jan. 2 to Mar. 20)  
\*for those who took Theory II last year

**Tuition:** (please check one)  
Includes *Reveille!* Music Festival on August 1-8, 2010 (see Info Packet for details)

- VYP Tuition = **\$1,210**  
 VYP Tuition + one semester of Music Theory = **\$1,260**  
 VYP Tuition + two semesters of Music Theory = **\$1,310**

*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** & am submitting the application today. **Due July 9!**

I wish to charge my (please circle one)      Master Card      Visa      Discover  
in the amount of (please circle one)      \$1,210      \$1,260      \$1,310  
Card number \_\_\_\_\_ Exp. date \_\_\_\_\_/\_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature (for credit card payment) \_\_\_\_\_

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List any friends or family that you would like to add to the VYOA mailing list 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 (3 pages)

**VYOA Financial Aid Application**

**Please be sure to complete BOTH pages of this form**

**Section 1. Program Information:**

Total Tuition Due: \$ \_\_\_\_\_ We must receive this application in our office no later than **July 9, 2010**

- |                                                     |                                                        |                                              |
|-----------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Vermont Youth Orchestra    | <input type="checkbox"/> Vermont Youth Chamber Winds   | <input type="checkbox"/> Fall Music Theory   |
| <input type="checkbox"/> Vermont Youth Philharmonia | <input type="checkbox"/> VYO Chorus                    | <input type="checkbox"/> Spring Music Theory |
| <input type="checkbox"/> Vermont Youth Sinfonia     | <input type="checkbox"/> Vermont Youth Concert Chorale | <input type="checkbox"/> Presto              |
| <input type="checkbox"/> Vermont Youth Strings      |                                                        | <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(s) (VYO, VYP, Etc.): \_\_\_\_\_ Total Tuition Due: \$\_\_\_\_\_ 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.



### **Media Consent Form**

Due to the nature of publicizing and advertising Vermont Youth Orchestra Association concerts, activities and special events, the VYO interacts frequently with media representatives from television, radio and print publications. Students may be 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 VYO 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 VYO member, or participant in a VYO program.
2. Have his or her photograph taken, and used as a part of VYO public relations efforts.

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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](mailto:lisamarie@vyo.org)



**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: \_\_\_\_\_

\_\_\_\_\_

## 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:

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### **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 1 – 8, 2010**

Return this form along with your VYO/VYP Registration to the VYOA office by July 9, 2010

1. **Student name:** \_\_\_\_\_
2. **Student Orchestra:**    VYO        VYP
3. **Is this your first year attending Reveille! Music Festival? (please circle one)**    Yes    No
4. **Attendance Information:** All VYO & VYP members are expected to attend all of *Reveille!* Music Festival. 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 (anne@vvo.org). 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 5)
  - 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 if you will not be attending all of *Reveille!*\*\***
5. **Special dietary needs:** \_\_\_\_\_
6. **Chamber Ensemble Preference:** 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 – list either student names & their instruments or the ensemble type (ie Brass Quintet). (Our ability to honor this request is based on how soon you turn in all of your Registration paperwork)  
 \_\_\_\_\_  
 \_\_\_\_\_
7. **Suitemate Preferences:** Students will be staying in quad suites on St. Michael’s College Main Campus. Please list below 4 students who you would like to have as suitemates (do not list yourself). Note that we may not be able to accommodate all requests & that your request will be taken into consideration based on when we receive this form.
 

1. _____	3. _____
2. _____	4. _____
8. **Are you are a heavy sleeper:**    Yes        No

**You’re not done yet! Please fill out your Elective Preferences on the next page.**

## Elective Preferences

Name \_\_\_\_\_ Grade \_\_\_\_\_

Instrument \_\_\_\_\_ Orchestra \_\_\_\_\_

Please rank the following in order of preference (1=high to 7 = low):

\_\_\_\_ Beginning Music Theory — key signatures, scales, and intervals

\_\_\_\_ Intermediate Music Theory — triads and their inversions; requires good knowledge of key signatures, scales, and intervals

\_\_\_\_ Advanced Music Theory — advanced harmony; requires good knowledge of triads and their inversions

\_\_\_\_ Conducting

\_\_\_\_ Preparing for Auditions

\_\_\_\_ Bassoon Reed Making Workshop – bring all reed making equipment and supplies

\_\_\_\_ Oboe Reed Making Workshop — bring all reed making equipment and supplies

**Parent & Student signature is REQUIRED on the next page 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 11:00 p.m.
- Students must check into their own assigned dorm rooms (and stay there) by 11:00 p.m.
- Non-VYOA students are not allowed in any suite.
- 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 community.
- 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 all 3 pages of this form by July 9, 2010 to:**

**Vermont Youth Orchestra Association**

**223 Ethan Allen Avenue**

**Colchester, VT 05446**

If you have any questions, please contact Director of Operations Art DeQuasie at:  
802-655-5030, ext. 108 or art@vyo.org