



Green Mountain Youth Symphony

"the music is just the beginning . . ."

APPLICATION: CREATIVE ARTS & MUSIC PROGRAM (C.A.M.P.) 2015

Please complete and return along with your nonrefundable \$100 deposit by April 30

~OR~ by March 7 for early bird discount!

Acceptance is by audition only

INFORMATION

Sunday, August 9, 2015 – Saturday, August 15, 2015

Intermediate – Advanced young musicians

Cost: \$1000 (or \$900 for early bird registration by March 7)

PARTICIPANT INFORMATION

Student

Date of Birth _____ Instrument(s) _____ Years of study _____

Mailing Address _____

Home Phone _____

Student's 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 Johnson State

Name _____ Relation to student _____

Name _____ Relation to student _____

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

How did you hear about GMYS and/or our summer C.A.M.P.?

GMYS friend __ GMYS Website __ Facebook __ Teacher (name?) _____

Print Ad (where?) _____ Other _____

PAYMENT & REFUND POLICY

Tuition for the week is \$1000 (or \$900 for early bird registration by March 7).

The payment schedule is as follows:

1. Nonrefundable \$100 deposit due with your application
2. Second payment of \$300 due by April 15
3. Third payment of \$300 due by May 15
4. Balance must be paid in full by June 30.

Please make checks payable to: Green Mountain Youth Symphony

Mail to: GMYS, P.O. Box 384, Montpelier, VT 05601-0384

Refunds may be available under the following conditions:

- 1) \$100 deposit is nonrefundable (if accepted into the program by audition);
- 2) full refund, minus the \$100 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.

Financial Assistance is available based on financial need. To apply for financial assistance, please complete the attached Financial Assistance Application form and return along with this application. A copy of your family's 2014 Federal Tax Return is due by **April 30**. Notification will take place before final payment is due on June 30.

PROGRAM INFORMATION

Activities My child has permission to participate in all GMYS activities, including swimming with a lifeguard present and/or a hike on campus trails.

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 someone specific, please list them here and we will do our best to honor your request. Otherwise, roommates will be assigned. Rooms are doubles and triples.

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 residential week 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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Creative Arts & Music Program (C.A.M.P.) FINANCIAL ASSISTANCE APPLICATION

The Green Mountain Youth Symphony has reserved funds for financial aid for students who wish to attend the summer music program. All families who need assistance paying for the summer program are invited to apply. Decisions for eligibility will be based on income and family size. Assistance amounts awarded will also depend on the number of students in need of aid and the available funds.

Tuition for the 2015 Summer Residential Music Program is \$1000 or \$900 for early registration by March 7.

If you are applying for financial aid, please complete this form and submit it along with your C.A.M.P. application. *A copy of your family's 2014 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 tuition? \$_____

Statement of Need: If you do not fit our current income profile for financial aid 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_____