**Summer Strings Camp**

**July 22-26, 2019**

Please complete application and return with camp fee by July 1, 2019.

There will be a $10.00 Late Fee charge after June 14.

Make check payable to Wichita Falls Youth Symphony Orchestra.

**PLEASE PRINT**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in 2019-20\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

String Teacher: School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T shirt size (circle one) YS YM YL AS AM AXL AXXL

To qualify for the YSO Member tuition rate you must have participated during the 2018-2019 season and membership dues must be paid in full. If you need financial assistance to participate in camp, please contact the YSO office at (940) 723-6202.

Students will be placed in one of three Tracks based on skill level according to the YSO Artistic Staff or by video audition (instructions will be given). **Beethoven Bunch** will consist of students with 1-2 years of playing experience. **Haydn Herd** with 2-3 years of playing experience and the **Paganini Peeps** with 4+ years of playing experience. All year ranges are generalizations and subject to individual adjustment by camp staff.

Check One:

* Haydn Herd/ Paganini Peeps 2017-18 YSO Member **$90**
* Haydn Herd/ Paganini Peeps Non-YSO Member **$100**
* Beethoven Bunch $**70**

**Medical and Emergency Contact Information**

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions (allergies, respiratory, cardiac, physical, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications and allergies to medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Waiver and Medical Release**

Medical Authorization to Wichita Falls Youth Symphony Orchestra

Permission is hereby granted to the Wichita Falls Youth Symphony Orchestra to proceed with any necessary evaluation, first aid, or minor medical treatment of injuries for (Student’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. In the event I cannot be reached, permission for the treatment or referral necessary in the best interest of (Student’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is given.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Permission Form**

During the camp, pictures or videos may be taken to be used on our website, in publications, or for public relation purposes. Please sign the agreement below for your child’s image to be used for these purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Student’s Name Parent/Guardian Signature Date

Mail completed forms and payment to:

Wichita Falls Youth Symphony Orchestra

1300 Lamar

Wichita Falls, TX 76301

(940) 723-6202

wfyouthsymphony@gmail.com