



## Advanced Camp Registration Form

**June 11-29 South Dade Cultural Center (Teacher Recommendation Required)**

**Student's\*:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does child live with a legal guardian other than mother or father?  Yes  No

If yes, **Guardian's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_ **ZIP Code\*** \_\_\_\_\_

**Parent/Guardian Primary Phone\*** \_\_\_\_\_ **Email\*** \_\_\_\_\_

**Child's Gender\***  Male  Female **Child's Date of Birth (mo/day/yr)\*** \_\_\_\_\_

**Child's Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Child's Ethnicity\*:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Is Child Proficient in English?\***  Yes  No

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other \_\_\_\_\_

**Instrument** \_\_\_\_\_ **Years of Study** \_\_\_\_\_ **Private Teacher** \_\_\_\_\_

**Child's Current Grade\*:** \_\_\_\_\_ **Child's Current School\*:** \_\_\_\_\_

**Does child have a documented disability?\***  Yes  No (for grant purposes only)

- If yes, do you have (check all that apply):  an Individualized Family Service Plan (IFSP; if under 3 years old)  
 an Individualized Education Plan (IEP) from the school system  a Section 504 Plan  
 a medical diagnosis from a doctor  a diagnosis by a state certified/licensed professional (ex., psychologist)  
 disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders                       | <input type="checkbox"/> Learning Disability          |
| <input type="checkbox"/> Chronic Medical Condition                       | <input type="checkbox"/> Physical Disability          |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder            | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Hearing Impairment (or deaf)                    | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | <input type="checkbox"/> Other Disability _____       |

**Shirt Size (circle one)** YS, YM, YL, AS, AM, AL, AXL, AXXL

**Non-Refundable \$50 Deposit due WITH this Form by May 1st-Remainder of Tuition due June 1st, 2012. Deposit can be waived at discretion of GMYS staff for students that submit a financial aid request form and are awarded a full scholarship.**

**Tuition: \$450 (\$400 + \$50 deposit), GMYS students in good standing for the 2011-12 concert season will be given a \$100 discount bringing their tuition to \$350 (including \$50 deposit) Sibling Discount- Deduct 10% of tuition off each additional child. For before/after care, the Before/After Care form must also be submitted.**

**Registration will not be complete until tuition is paid. Applications submitted after May 1<sup>st</sup> will incur a \$50 late fee. If tuition is not paid by June 1, the student's slot will be forfeited. Students must be fully registered in order to participate in any camp activities. Camp information, handbook, forms, and details will be distributed via email in May. Please mail registration forms and payment to GMYS, 5275 Sunset Drive, Miami, FL 33143. Checks should be written to "GMYS".**

**PARENT/GUARDIAN SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Questions: Contact GMYS at 305-667-4069, info@gmys.org, www.gmys.org**

### Attendance Policy

Students absent more than 3 days for the duration of the three week summer camp will be dismissed from camp and not be allowed to participate in next year's summer camp. Attendance at all concerts is mandatory.

### Electives

While no guarantee can be given that all elective choices will be available to each student, GMYS will try to accommodate your requests. Due to scheduling and availability, however, a student might not be able to participate in all the electives they have chosen. Register early- Electives are first come first serve.

*Please mark electives numerically according to preference. Mark at least 6 classes.*

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| _____ From Violin to Viola         | _____ Ear-Training                   |
| _____ Music Theory/Composition     | _____ Sight-reading class            |
| _____ Music Appreciation           | _____ All-State Audition Preparation |
| _____ Jazz, Pop, Rock Appreciation | _____ Conducting                     |
| _____ Jazz Band                    | _____ Improvisation- Strings         |

### Teacher Recommendation

Dear Teachers,

It is imperative that students be directed to the summer camp that is most appropriate for their level, not only for the individual student's advantage, but also for the output of the overall group as well. Please assign your student to the group that most fits their level as defined below. Students that can not meet the Advanced Camp guidelines at the start of the camp session will be sent to intermediate camp (space allowing) or entirely removed from camp. Advanced Camp will have two levels within the camp from the minimum requirements below up through the most advanced repertoire. Please contact GMYS if you have questions, 305-667-4069, info@gmys.org. Thank you.

#### Advanced Camp Requirements

Violin: Any 2 octave major or minor scale, 3 octave scales (at least 2)- G, A, C, or D Major Scales

Viola/Cello: Any 2 octave major or minor scale, 3 octave scales (at least 2)- C, D, F, or G Major Scales

Violin/Viola/Cello: Must be Bk 5 Suzuki Level, Grade Level 4

Bass: any 1 octave major or minor scale, 2 octave scales (at least 1)- F, E, or G major, Etude or piece at Sturm 110 Studies level

Winds, Brass, Percussion: 2 octave chromatic scale from Concert B flat, 2 octave B flat, F, G, C, E flat, A flat, D flat scales, Grade Level 4

\_\_\_\_\_   
Teacher Signature

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Phone #

\_\_\_\_\_   
Email

**Authorization for Photography/Video**

I hereby:

consent and authorize                      or             do not consent and authorize  
the Greater Miami Youth Symphony to take pictures or video recordings of my child.

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

**Permission to Transport  
Comprehensive Parental/Guardian Consent Form and Liability Waiver  
(this waiver must be signed for students to attend off-site field trips)**

I, (Parent/Guardian) \_\_\_\_\_ grant permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

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

**Emergency Contact Information and Authorization Pick-Up (Children will not be released to any person not listed below)**

NAME	Relationship	Place of Employment	Work Number	Beeper/Cell Number

**Walk/Drive-Home Authorization:**

Days \_\_\_\_\_ Exact Times \_\_\_\_\_

I understand that GMYS is not responsible for the care of my child after the times listed above.

**Participant Medical Information:**

Please state below any medical or behavioral conditions your child has or has had that should be considered. Include any medication which needs to be administered while attending the program. (Allergies, present, medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, are they any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **If none, please write N/A.**

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

**Medical Verification and Consent:**

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participants physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participants legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury caused by the negligence of GMYS and or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Signature \_\_\_\_\_ Date: \_\_\_\_\_