



SUMMER CAMP INTENSIVE REGISTRATION

June 17 - 28, 2019

(GMYS Intensive Camps at Ponce de Leon Middle School)

Select Camp: _____ String Intensive _____ Jazz Intensive

Child's Last Name _____ First _____ Middle _____

Child's Date of Birth (mo./day/yr.)

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Child's Gender Male Female

Last 4 Digits ONLY of Child's Social Security #

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No SSN Prefer not to give

Miami-Dade County Public School ID #

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No MDCPS ID Prefer not to give

Child's Current School _____ Child's Current Grade

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Is Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ Zip Code _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, specify _____

Does Child Have Health Insurance (ex., private insurance, Kid Care, Medicaid)? Yes No

(If not, we may be able to help you find affordable coverage – call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (Parent/Guardian) _____

Primary Caregiver Email _____

Primary Phone

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Type: CELL HOME

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

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is the Participant a Child of a Military Family? Yes No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) A member killed in the line of duty.



Does Child Have a Disability? Yes No (Information Needed for Grant Purposes)

If yes, do you have (check all that apply)

- An Individualized Education Plan (IEP) at school
- system a Section 504 Plan
- A medical diagnosis from a doctor
- A diagnosis by a state certified/licensed professional (ex., psychologist)
- Disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

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

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

Instrument_____ **Years of Study**_____ **Private Teacher** (name)_____

Shirt Size (circle one) **YOUTH:** S M L

ADULT: S M L XL XXL

PAYMENT

Registration will not be complete until tuition is paid. Applications submitted after May 27, 2019 will incur a \$50 late fee. If tuition is not paid by June 3, 2019 the student's slot will be forfeited. See next page for Tuition & Fees. Students must be fully registered in order to participate in any camp activities. Camp information, handbook, forms and details are available at www.qmys.org.

Mail or hand-deliver (no email or fax) registration forms and payments to:

GMYS, 5275 Sunset Drive, Miami, FL 33143

Checks to be made payable to GMYS

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program. I understand my information will not be given to a third party without my consent and will be properly safeguarded by GMYS.

PARENT / GUARDIAN SIGNATURE _____

DATE _____

Questions: Contact GMYS

Phone: (305) 667-4069

Email: camp@qmys.org

FOR STAFF USE ONLY (MUST BE COMPLETED)

PRIORITY POPULATION MEMBERSHIP (check all that apply):

- Migr Farm Wrk Dep Syst Delin Syst

Emergency Contact Information and Authorization Pick-Up

Children will ONLY be released to the individuals listed below in the table and in the Additional Authorization Pick-Up List below.

Name	Relationship to Child	Place of Employment	Work Number	Cell Number

Additional Authorization Pick-Up List: Who else has permission to pick-up your child from camp?

Please list their names here: _____

Walk-Home Authorization

Days _____ Exact Times _____

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

Parent / Guardian Signature _____ Date _____

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, indicate if there are any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **IF THERE ARE 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 participant's physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participant's parent or 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.

Parent / Guardian Signature _____ Date _____

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, the parent or guardian of _____, hereby authorize and give consent to service providers and the staff of the Greater Miami Youth Symphony as follows:

I hereby: **consent and authorize** or **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Greater Miami Youth Symphony.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Greater Miami Youth Symphony, their staff, service providers, employees, agents, affiliates and Board members.

TUITION & FEES

1. A **\$50** Non-refundable Application Fee is due by **May 27, 2019** with this registration form
2. **Tuition must be paid in full by June 3, 2019** *Payment plans are available upon request*

INTENSIVE CAMP SELECTION	Tuition
String Intensive	\$525
Jazz Intensive	\$525

ATTENDANCE POLICY

Students absent more than six 2 days for the duration of the two-week summer camp will be dismissed from camp and not be allowed to participate in next year's summer camp. Attendance at all concerts in mandatory.

By signing below, I agree to all statements and requirements above.

Parent / Guardian Signature

Date

