

Devine Virtuosos Band Camp at Jones Road Campus

June 10th – June 14th, from 5:30-9:30 PM

Student Information

First and Last Name _____

T-shirt Size (circle) YM YL S M L XL XXL

Instrument _____

The student will undergo an audition process on the first night of the event. Auditions will take place to ensure fairness of chair placement in the band. The following are required:

1. Two Major Scales-full range; chosen at random from Concert Bb, Eb, Ab, Db, F, C, G, and D Scales
2. Full Range Chromatic Scale
3. Sight Reading Etude-short sight reading piece given to the student in the audition room.

School _____

School District _____

Band Director's Name _____

Parent Information

Parent First and Last Name _____

Mailing Address _____

Parent Email Address _____

Primary Phone Number _____

Other Emergency Number _____

Student Medical Information

Allergies _____

Current Medications _____

Important Medical History _____

Medical Insurance

Please circle the applicable coverage: Insurance Medicaid None

If insurance is checked please complete the questions below.

Name of Insured _____

Insurance Company _____

Insurance Company Phone Number _____

Employer/Group Name _____

Group Number _____

ID Number _____

Consent for Treatment

I, the undersigned as the parent or legal guardian of the student named above, hereby authorize such diagnostic medical and/or surgical treatment as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury. The attending physician, appropriate staff, and Cy-Hope and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnoses, treatment, or surgery insofar as the law allows and provides that these services are performed with ordinary care and to the best of their ability.

Please indicate your authorization with the Consent for Treatment statement above by initialing next to "I Agree".

_____ I Agree

Emergency Contact

Name _____

Relationship to student _____

Day Phone _____

Night Phone _____

Cell Phone _____

Photo/Video Release

Consent is hereby given to Cy-Hope, Devine Virtuosos, and Foundry Methodist Church for the use of photograph/video of my child in any online media, printed publication, and/or press release.

Please check yes or no.

_____ Yes

_____ No

Agreement of Parent/Guardian and Student

Cy-Hope, Devine Virtuosos, and Foundry Methodist Church staff reserves the right to remove students from the camp if they exhibit behavior that damages the church or private property, is dangerous to themselves or others, and/or distracts from the instructional setting.

I have read and agree to abide by the guidelines set forth by the Devine Virtuosos camp. I agree not to bring alcoholic beverages on the church premises or to possess or engage in the unauthorized use of drugs while a participant in the Devine Virtuosos camp. I understand that Cy-Hope, Devine Virtuosos, and Foundry Methodist Church reserve the right to expel participants for violations for these or any other regulations without the refunding any part of fees.

Consent is hereby given for my participation in the Devine Virtuosos camp. I release Cy-Hope, Devine Virtuosos, and Foundry Methodist Church and its agents and employees from any and all claims demand and causes of action on account of injury, illness, or loss that may occur during my participation in the Devine Virtuosos camps.

Cy-Hope, Devine Virtuosos, and Foundry Methodist Church will not be liable for lost or damaged personal items including, but not limited to, electronic devices and/or personal instruments.

Meals will not be provided during this camp. Students may bring a snack and/or bottled water for the break in between rehearsals.

- All information contained herein is complete and accurate.

If you are in agreement with the statements above, please sign next to "I Agree".

"I agree" – Student _____

"I agree" – Parent _____



**Devine Virtuosos Band Camp
Application for Financial Assistance**

Student's Name _____ Today's Date _____

Parent's Name: _____

Home Address: _____

Phone _____ Email _____

School _____ Instrument _____

Please follow the instructions below, provide the requested information, sign the application form, and turn in by one of the methods at the bottom of the form.

I am currently a band student at _____, and hereby request assistance in paying my financial obligations to Devine Virtuosos. The reason that I need assistance is:

Please initial each and fill out the following:

_____ *My son/daughter is currently enrolled in a band program.

_____ *I understand that I am responsible for providing transportation for my son/daughter to and from the camp held at Foundry United Methodist Church 8350 Jones Road Houston, TX 77065. The dates are from Monday, June 10th – Friday, June 14th. The times are from 5:30p.m. to 9:30 p.m.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Please email this form to Elaine.Waier@cy-hope.org.

***You may also return by mail to the Cy-Hope offices (scholarship form may not be processed in time):**

Cy-Hope Headquarters & Counseling Center
12715 Telge Road
Houston, TX 77429

If there are any questions or concerns, please contact Elaine Waier by email or by phone at 205-807-1950.