



## **ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE**

**Sunday, June 17 – Saturday, June 23**

**Ferrum College in Ferrum, Virginia**

### **ABOUT THE INSTITUTE**

The Roanoke Youth Symphony Summer Music Institute (SMI) offers daily group instruction, masterclasses, chamber music coaching (time permitting), and orchestra rehearsals for both a full orchestra (the Roanoke Youth Symphony Orchestra) and two String Orchestras, which provide a total musical experience for any beginning to intermediate students of violin, viola, cello, or bass. The development of each participant's talent and musicianship is emphasized in this intensive and challenging musical atmosphere. The SMI concludes with a public performance by the Roanoke Youth Symphony Orchestra (RYSO) and the String Orchestras. Throughout the week, students are well supervised in their study, practice and recreational activities.

Current members of the Roanoke Youth Symphony Orchestra (RYSO) are expected to attend as part of their annual program. A limited number of spaces are available for non-members to participate in the full orchestra, per successful audition.

Musicians who wish to participate in the String Orchestras must meet the following criteria:

1. Completion of the fourth grade
2. At least one year of string instrument study

Any string player who meets these two criteria qualifies to register for the SMI!

The string players who participate in the String Orchestras are from the RYS Chamber Ensemble, the RYS String Ensemble, the string programs in Roanoke City Public Schools, the Roanoke County After-School Strings, the Salem After-School Violin Program

### **LOCATION AND FACILITIES**

The Institute is held at Ferrum College in Ferrum, Virginia, located approximately 35 miles south of Roanoke, Virginia. Students are housed in college dormitories and eat in modern dining facilities. Classrooms, practice rooms, recital and concert halls are available for the SMI's use. Recreational activities include swimming, tennis, volleyball, and basketball.

### **FACULTY AND STAFF**

Throughout the SMI, students are well-supervised in their study, practice, and recreational activities. Students receive the highest quality instruction from the SMI faculty, all of whom are professional musicians and music educators. Many of the instrumental faculty are members of the Roanoke Symphony Orchestra (RSO). A specialist is present for each instrument represented in the orchestra.

Where time permits, students may arrange private instruction with individual faculty members. Fees for these lessons are separate from the SMI tuition and must be arranged with and paid directly to the instructor.

Qualified chaperones are carefully selected and trained for the SMI. Ferrum College's professional staff, including a certified lifeguard, and security are on duty during the Institute as well.

### **TUITION AND FEES**

Tuition for **overnight campers**, including room and board, is **\$475.00**.

Tuition for **day campers**, includes lunch and dinner, is **\$375.00**.

A non-refundable deposit check for \$250.00, made payable to the Roanoke Symphony Orchestra, must accompany applications. The **deposit and application are due by Friday, June 1 prior to 5:00 p.m.** The **non-refundable balance must be paid in full to the Roanoke Symphony Orchestra no later than Friday, June 15 prior to 5:00 p.m.** Students will not be accepted at the Institute if full payment has not been received by Friday, June 15 prior to 5:00 p.m.

### **PAYMENT PLANS**

Customized payment plans are available. Please contact the RSO Education Director at [liz.lochbrunner@rso.com](mailto:liz.lochbrunner@rso.com) or (540) 343-6221, ext. 231 to set-up a plan that works best with your schedule and your budget. All monies must be collected prior to 5:00 p.m. on Friday, June 15. Students will not be accepted at the Institute if full payment has not been received by this deadline.

### **FINANCIAL AID**

It is the goal of the Roanoke Symphony Orchestra (RSO) to provide financial aid to students who demonstrate a desire to learn music and have financial need. Please understand that submission of a financial aid application does not guarantee a scholarship.

Contact the Education Director at (540) 343-6221, ext. 231 or [liz.lochbrunner@rso.com](mailto:liz.lochbrunner@rso.com) for a financial aid application. A \$50 non-refundable deposit per child is required with each financial aid application. Applications will not be considered without the deposit. This fee will be applied toward the student's tuition regardless of whether or not aid is awarded. **Completed financial aid applications and the required deposit are due Friday, April 27 prior to 5:00 p.m.** Applications received after this deadline will not be considered. Applicants will be notified of financial aid decisions no later than 5:00 p.m. on Friday, May 4.

### **CANCELLATION POLICY**

All deposits and tuition payments are non-refundable.

### **DONATIONS TO ROANOKE YOUTH SYMPHONY SCHOLARSHIP FUND**

Please consider a tax-deductible donation to the RYS Scholarship Fund to enable the participation of all deserving musicians. Donations can be included with your deposit, balance, or as a separate check.

### **REGISTRATION**

Along with the deposit, please send **all** of the following to the address below:

1. Signed and completed application
2. Signed and completed medical form **OR** signed and completed medical form waiver
3. Signed and completed audio & visual consent form
4. Signed and completed swimming permission form
5. Signed and completed Cell Phone Policy & Computer Policy form

\*Please note: registration cannot be completed without all of the above documents and the deposit.

Mailing address:       Roanoke Youth Symphony  
                               Attn: Summer Music Institute  
                               541 Luck Ave., Suite 200  
                               Roanoke, VA 24016

### **QUESTIONS?**

Please direct all questions to the RSO Education Direction at (540) 343-6221, ext 231 or [liz.lochbrunner@rso.com](mailto:liz.lochbrunner@rso.com).

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
REGISTRATION FORM**

Please choose one: \_\_\_\_\_ RYSO \_\_\_\_\_ String Orchestra

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_

No. of years instrument played \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_ School in Fall 2012 \_\_\_\_\_

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

E-mail address (parent/guardian and student) \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Gender ( ) F ( ) M

Roommate(s) requested\* \_\_\_\_\_

\*Please note: Roommate requests will be considered, but not all can be granted.

Mother/Guardian \_\_\_\_\_ Phone (home/work) \_\_\_\_\_

Mother/Guardian Address \_\_\_\_\_  
(if different from above) City State Zip

Mother/Guardian Employer \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone (home/work) \_\_\_\_\_

Father/Guardian Address \_\_\_\_\_  
(if different from above) City State Zip

Father/Guardian Employer \_\_\_\_\_

\*If applicable, please indicate which parent or guardian is the primary contact: \_\_\_\_\_

I hereby agree that my child, \_\_\_\_\_, may participate in all activities of the Roanoke Youth Symphony Summer Music Institute to be conducted at Ferrum College. I understand and agree that the Roanoke Symphony shall not be responsible for any injury to my child or any damage to, or loss of, my child's property. I release the Roanoke Symphony Orchestra from all liability resulting from my child's presence on the Ferrum College campus and participation in activities directly or indirectly related to the Roanoke Youth Symphony Summer Music Institute. I agree to be responsible for all tuition and fees for the Summer Music Institute and recognize that early withdrawal will not release me from financial obligation.

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

\_\_\_\_\_  
Date

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

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
MEDICAL FORM**

I, the undersigned, being the parent/guardian of \_\_\_\_\_ hereby authorize any necessary or emergency medical treatment for this person that is required in the course of participating in the Roanoke Youth Symphony Summer Music Institute. I understand that Roanoke Symphony Orchestra staff cannot be responsible for distributing over-the-counter pain relief medications and that my child may bring pain relief medications with him or her to rehearsals or concerts in a clearly marked container.

I guarantee payment of all charges incurred during this medical treatment (including but not limited to: physician, hospital, x-ray, lab, drugs, ambulance).

With regard to the person specified above, I submit the following information:

1. Please list ALLERGIES to food, medications, etc. (If none, state): Also, any special diet preferences or requirements (e.g. vegetarian). \_\_\_\_\_

2. SPECIAL MEDICAL CONDITIONS, please indicate or describe below:

ASTHMA \_\_\_\_\_

DIABETES \_\_\_\_\_

SEIZURE DISORDER \_\_\_\_\_

KIDNEY PROBLEMS \_\_\_\_\_

Other \_\_\_\_\_

3. OTHER PERTINENT INFORMATION, MEDICAL HISTORY: \_\_\_\_\_

4. Will the above person bring MEDICATION(s) to the Summer Music Institute? If yes, please describe below:

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

5. Does the above named individual wear EYEGLASSES or CONTACT LENSES?

Indicate yes or no and specify. \_\_\_\_\_

6. Date of last TETANUS SHOT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mo/day/year)

7. Named person's PHYSICIAN \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Office Address \_\_\_\_\_

8. MEDICAL/HEALTH INSURANCE CO. \_\_\_\_\_

Group Policy Number \_\_\_\_\_ Member Name \_\_\_\_\_

Emergency contact: (\_\_\_\_) \_\_\_\_\_ Name & Relation \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
MEDICAL FORM WAIVER**

**If you do not wish to provide the Roanoke Symphony Orchestra with requested medical information, please sign below.**

I, \_\_\_\_\_ (insert parent/guardian name) do not wish to provide medical information for my child \_\_\_\_\_ (insert child's name). In signing below, I release the Roanoke Symphony Orchestra from any liability.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
AUDIO & VISUAL CONSENT FORM**

Roanoke Youth Symphony (RYS) activities may be recorded (audio and/or video) and/or photographed for later use. This may include, but is not limited to, newspaper articles, radio broadcasts, and television broadcasts. RYS activities may also be recorded (audio and/or video) for the production of educational and promotional materials such, but not limited to, brochures, newsletters, audio CDs and audio/video DVDs. I hereby consent to the use of my child's likeness in all such recordings.

I agree that all recordings from rehearsals, concerts, and other activities, with or without the use of my child's name and without remuneration may be used by the Roanoke Symphony Orchestra as it assigns for promoting the concert season, the orchestra and/or the Roanoke Youth Symphony in general.

\_\_\_\_\_  
Student Name

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

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

\_\_\_\_\_  
Date

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
SWIMMING PERMISSION FORM**

I **DO** or **DO NOT** (circle one) give my child, \_\_\_\_\_, (insert child's name) permission to go swimming.

\_\_\_\_\_  
Parent/Guardian name

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

\_\_\_\_\_  
Date

**ROANOKE YOUTH SYMPHONY 2012 SUMMER MUSIC INSTITUTE  
CELL PHONE POLICY & COMPUTER POLICY**

Musician and Parent,

Please read the statements below and sign the applicable line below to indicate that both parties understand and agree to comply with the Cell Phone Policy & Computer Policy

**CELL PHONES**

The use of cell phones at an ensemble rehearsal, sectional, masterclass, recital or concert is strictly prohibited, because it can distract from the value of the SMI experience, for the musician and for others. Cell phones will be silenced and placed out of sight before and during any *ensemble rehearsal, sectional rehearsal, masterclass, recital, or concert*. For any musician observed by an SMI faculty member or chaperone handling a cell phone during any of these listed events, the following will occur:

1. The cell phone will be taken away, and the student may retrieve it at the conclusion of the event.
2. If the student is observed using a cell phone a second time during any of the listed events, the cell phone will once again be taken away, and the student may retrieve it at the conclusion of the final event for that day.
3. After the third violation, the cell phone will be taken away and given to the Education Director. The Education Director will notify the parent/guardian of the camper that the cell phone has been taken away and will only be returned directly to the parent/guardian at the conclusion of the Final Concert. The parent/guardian will be responsible for asking the Education Director for the return of the cell phone at the conclusion of the Final Concert.

I have read the Cell Phone Policy and agree to comply with its contents.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

**COMPUTERS**

Although students are permitted to bring computers to the SMI, contractually, students are not allowed access to the Ferrum College Network.

I have read the Computer Policy and understand its contents.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date