

JVL SUMMER SCHOOL FOR PERFORMING ARTS

NORTH BAY - 2010 - www.MusicInSummer.com

Application Form

First Name:		Last Name:	
Date of Birth:		Age as of July 8, 2010:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Instrument:	
Street Address:			
City:		Province/State:	Country:
Postal Code/ZIP:		Phone:	Fax:
E-mail:		Are you applying for financial assistance / scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Information	Parent/ Guardian 1	Parent/ Guardian 2	
First Name			
Last Name			
Home Phone			
Cellular (mobile) phone			
E-mail			
Will be accompanying my son / daughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I, the undersigned, parent or guardian of the above student, acknowledge having received the Terms & Conditions and agree to accept full responsibility for the above student and to ensure that the above student will abide by them:			
Signature of Applicant _____	Signature of Parent/Guardian (if Minor) _____	Date (Day/Month/Year) ___ / ___ / 2010	
Make cheques payable to:		JVL Summer School for Performing Arts	
Mailing Address:		79 Chagall Drive, Thornhill, Ontario L4J 9B8, Canada	
Phones:		+1-416-735-7499 +1-905-882-7499	

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Courses

Principal Instrument	Elective Courses	RCM Grade
please select one:	please select all that apply:	(if applicable)
<input type="checkbox"/> Violin	<input type="checkbox"/> Violin	_____
<input type="checkbox"/> Viola	<input type="checkbox"/> Viola	_____
<input type="checkbox"/> Cello	<input type="checkbox"/> Cello	_____
<input type="checkbox"/> Double Bass	<input type="checkbox"/> Double Bass	_____
<input type="checkbox"/> Piano	<input type="checkbox"/> Piano	_____
<input type="checkbox"/> Voice	<input type="checkbox"/> Voice	_____
Principal Instrument's RCM Grade (if applicable): _____	<input type="checkbox"/> Theory of Music	_____
	<input type="checkbox"/> History of Music	_____
	<input type="checkbox"/> Ear Training	
	<input type="checkbox"/> Orchestra	
	<input type="checkbox"/> Chamber Music	
	<input type="checkbox"/> Violin Ensemble	
	<input type="checkbox"/> Cello Ensemble	
	<input type="checkbox"/> Accompaniment	
	<input type="checkbox"/> Sing Out! / Musical Theatre *	
	<input type="checkbox"/> Teacher's Program	
	<input type="checkbox"/> "Music Through The Ages"	
	<input type="checkbox"/> Opera Program	

EDUCATIONAL BACKGROUND

How long have you studied your instrument(s)? (1) _____ years
(2) _____ years

Name of your current private teacher (required) _____

Phone number of your current private teacher (required) _____

List the two most difficult solo works studied and performed _____

List the composers of etudes you have studied:

How many years you have studied chamber music _____

List chamber music studied and which works you have performed _____

Violinists: If assigned viola in chamber music, do you own a viola you can bring? YES NO

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*Questionnaire for Applicants of Sing Out! / Music Theatre

Principal instrument and level:

Age:

Have you ever had singing lessons:

Yes No

If so, how long did you study:

Choirs:

Voice type (if you know it) i.e. soprano, mezzo:

Level that you were working at

(if you know it - i.e. Royal Conservatory grade 4):

Any acting experience/training:

Any dancing experience/training:

Favourite music theatre shows:

Favourite music theatre songs:

NOTE: Your favourite selections above will be considered when we put together the show.

Other vocal music/styles that you like to listen / to sing:

Favourite singers:

Would you like to aim to sing a solo or do you feel more comfortable in a small group:

Solo Group

Participants in Sing Out! / Music Theatre should bring comfortable black pants (girls should bring a black skirt as well as the pants) and black t-shirt or comfortable black top.

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Terms & Conditions/Waiver/Medical Form

Please have a parent or guardian sign this release form if you are under 18 years of age.
If you are 18 or older, please sign the bottom of this form.

I, _____ (Name of Parent/Guardian) give permission for _____ (Name of student) to attend JVL SUMMER SCHOOL FOR PERFORMING ARTS from July 8 – 18, 2010.

The SUMMER SCHOOL FOR PERFORMING ARTS program may include public performances and permission is hereby given for the students to take part in such performances without compensation. The SUMMER SCHOOL FOR PERFORMING ARTS may use photographs, statements, articles, names, music, art, films and videotapes of/by the students in promoting Summer School/Summer School related activities, publication, advertising and exhibitions.

I understand and accept the measures that the JVL SUMMER SCHOOL FOR PERFORMING ARTS has taken to provide a program of high quality, and I accept that my child will be expected to behave accordingly. The curfew is in effect from 11.00 pm and all students MUST be in their rooms at this time. No visitors are allowed in rooms after 11.00 pm. Also, no overnight guests are allowed. Room-check is conducted nightly, and violations are reported immediately to the director. Students are not permitted to possess and/or consume illegal drugs and alcoholic beverages of any type. The JVL SSPA reserves the right to expel any student for violations of JVL SSPA policy without refunding any fees paid. If my child participates in behaviour deemed unacceptable by JVL SUMMER SCHOOL FOR PERFORMING ARTS or Canadore College staff, or causes any damages to equipment and/or rooms that will require repair and/or an excess cleanup I am willing to incur the expense of that repair and of my child's transportation back to Toronto.

The JVL SUMMER SCHOOL FOR PERFORMING ARTS will contact Parent/Guardian in case of serious sickness or accident. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the JVL SUMMER SCHOOL FOR PERFORMING ARTS staff to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child named above. I also hereby give the JVL SUMMER SCHOOL FOR PERFORMING ARTS permission to administer medication deemed necessary by the physician selected. I understand that the JVL SUMMER SCHOOL FOR PERFORMING ARTS assumes no liability for injury and accidents that may happen to my child or his/her belongings while traveling to and from Toronto or during our stay at Canadore College, North Bay.

I understand and agree that as a condition of the participants use of Canadore College facilities, he/she assumes all risk of personal injury, death or property loss resulting from any cause whatsoever including but not limited to the inherent risks of the program, breach of contract or breach of statutory, duty of care or breach of the Occupier's Liability Act on the part of SUMMER SCHOOL FOR PERFORMING ARTS and/or Canadore College, its employees and agents. The participant agrees that, its employees and agents shall not be liable for any such personal injury, death or property loss which occurs outside the program parameters and releases SUMMER SCHOOL FOR PERFORMING ARTS and Canadore College, its employees and agents of all claims with respect thereto.

EMERGENCY CONTACT INFORMATION

Parent/Guardian	Parent/Guardian	Other than Parent/Guardian
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Cell: _____	Cell: _____	Cell: _____

MEDICAL INFORMATION

Name of Participant: _____ Health Card No. _____

Medical Conditions (allergies, disabilities) - please provide details:

Signature of Parent or Guardian

Date