

Vision for the Arts Academy • 2013-2014

Gayle L. Castle, Director P.O. Box 291 Loveland, OH 45140 (513)310-9147 batondiva@yahoo.com

Registration Form

Student Name _____ Male/Female (circle one)
Parent Name _____ Address _____
City _____ State _____ Zip _____
E-Mail Address _____ Student/Other E-mail _____
Phone _____ Alt. Phone _____ (Please Provide a cell number)
School _____ Current Grade _____ Age _____
Instrument (Separate forms req'd for each instrument/audition) _____
Current Book/Level _____ Solo _____
Private Teacher Name _____ Signature _____
Orchestra Teacher Name _____ Signature _____

Program Offerings Completed Forms Required at Audition

Orchestra (per school year)

Premiere Vision \$200 **Cadet Vision** \$225 **Vision Youth** \$250 Amount _____
Tuesday 6:00-7:00 pm Tuesday 7:15-8:30 pm Monday 6:00-8:00 pm

Young American Conductors Program (per school year)

Beginner/Intermediate \$200 **Advanced** \$200 Amount _____
Tuesday 5:00-6:00 Monday 5:00-5:45

String Ensembles (per school year)

Ambassadors Quartet VAA Member \$100/Non-member \$200 Amount _____

Suzuki Lessons (per 12 week quarter)

30 mins \$460/qtr **45 mins** \$560/qtr **60 mins** \$660/qtr Amount _____

Creative Writing Club (per school year)

Grades 4-8 **Grades 9-12** VAA Member \$75/Non-member \$100 Amount _____

Registration Fee \$25

Payment is Due at First Rehearsal/Lesson/Class Total _____

All Programs meet at the Presbyterian Church of Wyoming, 225 Wyoming AV 45215

Waiver Liability: Registration in any program, camp, or class at the VAA, LLC indicates my acceptance of this Waiver Liability policy. If I/my child participate in any class at the VAALLC, I/my child do so at my own risk. The VAALLC will not be responsible for any injury sustained by me/my child nor will the VAALLC be responsible for any medical expenses or damages produced as a result of participation in any VAALLC class or event. I understand and accept the policies of the VAALLC as stated and accept responsibility for fees and any additional payments incurred. The VAALLC also has consent to use photos, artwork and recordings made at the VAALLC functions for promotional purposes only.

Signature: Parent _____ Student _____