

**2009 Virtuosi Summer Quartet Music Workshop  
Application Form**

*Registrations will be taken on a first-come, first-serve basis and is limited to 24 musicians. Notification of acceptance will be mailed as applications are received and workshop information packets and music will be made available by May 30, 2009. For additional information, call the Virtuosi of Houston office at (713) 807-0888.*

Submit one form for each participant. Please mail all application materials and any applicable registration fee to: Virtuosi of Houston – 2121 Kirby Drive, No. 117, Houston, TX 77019

**Application—Part 1**

**Student Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Instrument \_\_\_\_\_

School \_\_\_\_\_

Grade Completed June 2009 \_\_\_\_\_

**Parent/Guardian Information**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_

Father Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Payment Information**

Workshop registration begins May 1, 2009. Full payment is due with registration. Payment may be made by personal check, money order, VISA, MasterCard, American Express. Please make checks payable to Virtuosi of Houston. A \$25 service charge will be levied on all returned checks.

\_\_\_\_\_ \$0 Current Virtuosi of Houston Student

\_\_\_\_\_ \$50 Non-Virtuosi of Houston Student, which includes a \$10 non-refundable deposit.

Payment Enclosed: \$ \_\_\_\_\_

Payment Type:

Check  Money Order  Credit Card

For Credit Card Payments:

Please charge: \$ \_\_\_\_\_ to my:  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature:

\_\_\_\_\_

Card Holder's Name (as it appears on card):

\_\_\_\_\_

**Photo/General Media Release**

I give permission for my child to be photographed or videotaped for Virtuosi of Houston public information materials, general media coverage, and organization-related materials.

Parent/Guardian Signature

Date

**Liability Release**

I hereby release and forever discharge Virtuosi of Houston or any other organization, agency, or individual associated with this program, including any members, volunteers, agency, or representative thereof, of any kind of blame and/or responsibility for any loss, damage, or injury my child may suffer as a direct or indirect result of my participation in any activity associated with or related to this program.

Parent/Guardian Signature

Date

# Virtuosi of Houston Medical Information Certificate

Please Print

Student's

Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Age \_\_\_

          Last          First          Middle

Parent(s) or Guardian Student's

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Parent(s) or Guardian Emergency Family

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_ Physician \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does the student have a previous history of:

	Yes	No		Yes	No
Bleeding tendencies	_____	_____	Asthma	_____	_____
Hernia	_____	_____	High Blood Pressure	_____	_____
Tuberculosis	_____	_____	Sickle Cell Anemia	_____	_____
Kidney Disease and/or injury	_____	_____	Hepatitis	_____	_____
Rheumatic Fever	_____	_____	Skin Disease	_____	_____
Contact Lenses/Glasses	_____	_____	Allergy	_____	_____
Neck injury	_____	_____	Bone and/or joint injury		
Heart Disease	_____	_____	or disease	_____	_____
Kidney, Lung, or Eye			Diabetes	_____	_____
Removed or			Surgical operation	_____	_____
non-functioning	_____	_____	Is student taking		
Head injuries, seizures			medication regularly?	_____	_____
unconsciousness,			Allergy to medicine	_____	_____
concussion, convulsion	_____	_____	Date last tetanus shot		_____

Explain any "yes" answers \_\_\_\_\_

Now under a physicians care? \_\_\_ Yes \_\_\_ No

Name and phone of Physician \_\_\_\_\_

Please list all medications and any illnesses not listed above requiring medication being taken at the present time \_\_\_\_\_

I hereby consent for medical care to be given to \_\_\_\_\_ in case of an emergency.

You warrant and represent that You have the right, power and authority to sign this release on behalf of Your Minor.

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

By: \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Signature

**Application—Part 2**

*Please have your Private or Orchestra Teacher fill out this form.  
All non-Virtuosi students are required to submit this form.  
Virtuosi of Houston students are NOT required to submit this form.*

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**School Attending Fall 2009** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School Orchestra Director** \_\_\_\_\_

**Instrument** \_\_\_\_\_

**Musicianship:**

Student understands the meaning of compound time signatures; can read and perform rhythmic patterns in all time signatures (simple and compound); recognizes and performs intervals by size and quality; recognizes and understands all major key signatures and related melodic patterns.

Yes  No

Current Working Piece \_\_\_\_\_

Last Polished Piece \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Teacher Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orchestra Level:

- Never-played
- School String Program, number of years \_\_\_\_\_
- Youth Symphony/Community Orchestra, number of years \_\_\_\_\_
- Region  All State
- Quartet/Ensemble Experience, please explain: (Please use the back of this form, if needed.)

\_\_\_\_\_  
\_\_\_\_\_