

B R O K E N A R R O W

Summer Strings

A C A D E M Y 2 0 2 3

Classes will be taught by Mrs. Ricard, High School director, Mr. Samuelson, Centennial Middle School director, Ms. Singleton, Sequoyah and Oneta Ridge Middle Schools director, and Mr. Roberts, Childers and Oliver Middle Schools director. They will be assisted by members of the high school orchestra.

Cost is \$40. Make checks payable to BAHS Orchestra (All proceeds from the camps will go to the BA Orchestra Program).

Camps will take place at the Broken Arrow Freshman Academy located at 301 W. New Orleans.

classes

(Please mark with an "X" which class you will be attending)

_____ Beginning Strings: May 30-June 2, 9:00 a.m.-11:00 a.m.

This class is for students with *no playing experience* and entering the sixth grade. Each student will have the opportunity to try each instrument, then focus on one.

_____ Intermediate Strings: May 30-June 2, 12:00 p.m.-2:00 p.m.

This class is for students entering the seventh grade with *one year of playing experience*.

_____ Advanced Strings: May 30-June 2, 1:00 p.m.-3:00 p.m.

This class is for students entering the eighth grade with *2 years of playing experience*.

_____ Freshman Summer Strings: May 30-June 2, 10:00 a.m.-12:00 p.m.

This class is for students entering their *freshman year of high school*.

Registration deadline is May 5, 2023.

Make checks to "BAHS Orchestra."

Send form and payment to :

Broken Arrow High School Orchestra | 1901 E. Albany | Broken Arrow, OK 74012

Questions? Contact Kim Ricard 918-259-4310 or email kricard@baschools.org.

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A C A D E M Y 2 0 2 3

Student Name _____ Grade (Fall 2023) _____

Instrument (Circle one) Violin Viola Cello Bass Undecided (Beginning only)

School (Fall 2023 circle one) ECMS CMS OMS ORMS SMS BAFA

Shirt Size (Circle) Kids: S M L Adult: S M L XL 2XL 3XL

Parent/Guardian Name _____

Phone _____ Alt. Phone _____

Email _____

Address _____

City _____ Zip _____

**REMINDER:
Registration is
due by May 5.
Cost is \$40.**

List anyone authorized to pick up your child in case illness or injury occurs and we cannot reach you.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medical Release

I hereby authorize any physician, surgeon, or dentist on the medical staff of the nearest medical facility to administer any emergency treatment, procedure or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child. If this is not satisfactory, please list specific emergency instructions in the event that you cannot be reached.

Parent/Guardian Signature _____

Date _____

