

Broken Arrow Summer Strings Academy 2022

Classes will be taught by Mrs. Ricard the High School Director, Mr. Samuelson the Centennial Director, Mr. Atkinson the Sequoyah and Oneta Ridge Director, and Mr. Roberts the Childers and Oliver Director. They will be assisted by members of the High School Orchestra.

Questions: Kim Ricard 918-259-4310 or kricard@baschools.org

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

Camps will take place at:

Broken Arrow Freshman Academy 301 W. New Orleans

(Mark X which class you will be attending)

_____ **Beginning Strings– May 23-27, 9:00am-11:00am**

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 23-27, 9:30-12:00pm**

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

_____ **Advanced Strings– May 23-27 12:00pm-2:30pm**

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

_____ **Freshman Summer Strings– May 31-June 3 9:00am-12:00pm**

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

Registration by May 3, 2022

Make checks to BAHS Orchestra

Send form and payment to :

Broken Arrow High School Orchestra

1901 E. Albany

Broken Arrow, Ok 74012

Students Name _____ **Grade**(Fall 22)_____

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

School (Fall 22 circle one) ECMS CMS OMS ORMS SMS BAFA

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

Parent/Guardian Name_____

Phone _____ Alt. Phone _____

Email _____

Address _____

City _____ Zip _____

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 _____