

Salon Concerts, Inc.
CHAMPS Student Information 2011-2012

Dear CHAMPS Participant,

CHAMPS is supported by grants and donations from government, foundations, corporations and individuals. To maintain funding and keep the program cost minimal for our participants, we need some information from about you. Please complete this form and return it to your CHAMPS coach promptly. Please use a black pen and print clearly. Thanks.

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About You and Your Family

Your Name _____ Age _____ Gender _____ Ethnicity _____

Your School _____ Grade _____

Your Home Address

Your Email Address _____

Mother's Name _____ Father's Name _____

Home Phone _____

Mother's Cell _____ Father's Cell _____

Mother's Email _____ Father's email _____

Mother's Employer _____ Father's Employer _____

About your Music

What instrument(s) do you play? _____

How long have you been studying it (them)? _____

Do you take private lessons now? Yes _____ No _____

If Yes _____ Name of Your Teacher _____

This is my _____ 1st/_____ 2nd/ _____ 3rd/ _____ 4th or more year as a CHAMPS participant.

About Your Plans

Do you plan to go to college? Yes _____ No _____ Unsure _____

What line of work do you hope to do as an adult? _____

Commitment to CHAMPS Program

The most important responsibility of a CHAMPS student is to fully engage in and enjoy the chamber music program. Additionally, each ensemble student is expected to:

1. Arrive on time ready for coaching, with your instrument, music and needed accessories.
2. Rehearse with your ensemble at least once a week outside of coaching time.
3. Perform in two CHAMPS recitals: Winter Concert on Sunday, January 16th, 2012 at 4pm at Anderson High School auditorium, and Spring Recital in April on a date and in a venue to be decided.
4. Participate in at least two outreach concerts each year.
5. Attend at least one Salon Concerts house concert during the year.

This form must be collected no later than September 30. Please sign the following and return it with the \$50 supply fee, or \$100 for the year.

Consent to Participation in CHAMPS

My child, _____ (child's name), has been selected to participate in the CHAMPS programs at school. CHAMPS (Chamber Music in Public Schools) is operated by Salon Concerts, Inc., a non-profit organization that promotes chamber music performance and education in the Austin area.

I, _____ (parent's name), consent to my child's participation in the CHAMPS program for the 2011-2012 school year. I understand that during CHAMPS coaching or performances, my child may be photographed and video or audio recordings may be made of such public performances. I consent to the use of such photographs, video and audio footage by Salon Concerts, Inc. to promote CHAMPS program.

Our agency will use your child's student ID number in order to evaluate the effectiveness of our program and/or interventions. We will submit student ID numbers for participants, as a group, into the AISD Student Aggregate Report system to generate group reports on our participants' attendance, discipline, and academic achievement. We will not receive back individual information about your child.

Your child's student ID# _____

Student Signature

Date

Parent/Guardian Signature

Date