**Broken Arrow Middle School Honors Orchestra (BAMSHO)**

**BAMSHO** will meet in the **BA Freshman Academy Band room** from **6:00-7:30pm** on 3/1, 3/8, 3/22, 3/29, 4/5. 4/12, 4/19, 4/26, 5/2.

The BAMSHO concert will be on **May 5, 2022 at** the **BA Performing Arts Center** at **7:00pm** (students will need to arrive at 6:30pm to tune and warm up).

Students are responsible for bringing their instruments, music, and other necessary supplies to each rehearsal. BAMSHO will be directed by Kim Ricard and assisted by members of the High School chamber Orchestra.

**Tuition** for BAMSHO is $40 per student (**checks payable** to “BAHS Orchestra”). This fee will cover sheet music expenses and the cost of one T-shirt. This form may be emailed to [kricard@baschools.org](mailto:kricard@baschools.org) or you may turn in a paper copy to the student’s director by February 18, 2022. Late registration may not be accepted. Payment is due upon registration.

**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.

Students name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Dates are subject to change due to school calendar

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

**Instrument you play:** (Circle one) Violin Viola Cello Bass

**Grade:** (Circle one ) 6 7 8

**Middle School Attending:** (Circle one) CMS ECMS OMS ORMS SMS

**Please circle what size T-shirt you will need below:**

**Kids:** Small Medium Large

**Adult:** Small Medium Large Extra Large XX Large XXXLarge

**Information:**

Parent/Guardian/First contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Second contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any chronic or significant health problems, or any physical limitations that should be considered for this activity?

Yes\_\_\_\_ No\_\_\_\_ If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_