

2020 Salt Spring Chamber Music Festival

Student's name: _____

Instrument -circle relevant instrument(s): piano violin viola cello

Age of student: _____ Birthdate: _____

Instrument grade level: _____ Years of study: _____ Teacher's name: _____

Other musical activities: _____

Chamber Music Repertoire Request*: _____

*NOTE: We will make every effort to accommodate requests, however, the final decision is at the discretion of the Artistic Director of SSCMF.

Parents' names: _____

Mailing address: _____

Phone: (_____) _____ Email: _____

Emergency name and phone number: _____

Tuition fee: \$850.00 minus \$200.00 scholarship. Total tuition: \$650.

\$150 Reservation Payment (due with application). Balance of \$500.00 is due upon arrival at the festival.

Parent's signature _____ Date: _____

Student's signature _____ Date: _____

In order to complete your application, we must receive the following material prior to May 15, 2020. Late applications may be considered if openings are available.

- all required fees (cheques to be made out to ArtSpring)
- completed liability-waiver form (see next page)
- audition recording (CD or DVD) if requested by Artistic Director.

Assistance from adult volunteers is greatly appreciated. Please indicate if you would like to help with: driving, clean up, other, as needed.

Return this page together with your release and waiver form to: David Visentin, Artistic Director, Salt Spring Chamber Music Festival 2-451 Chester Ave., Victoria, B.C., V8V 4C2 Tel: 416-804-366 Email: davidvisentin9@gmail.com or Visentin@vcm.bc.ca

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RELEASE AND WAIVER

Student's Name: _____

Address: _____

Home telephone (daytime): (_____) _____ (evening) (_____) _____

Emergency contact (name and telephone numbers):

Provincial Health Care Insurance Number: _____

IMPORTANT Does the student have any health issues or dietary restrictions that we should be aware of?

Please detail:

In consideration of the Salt Spring Chamber Music Festival, David Visentin Artistic Director, I, _____ for myself, my heirs, executors, administrators and assigns release the Salt Spring Chamber Music Festival (SSCMF), David Visentin, ArtSpring, all other locations utilized by SSCMF, and my billet, if any, (collectively "the Releasees") from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the Salt Spring Chamber Music Festival at ArtSpring, and other venues used by SSCMF for the purpose of conducting rehearsals and or performances, or at a billet, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Releasees, their servants, agents or employees.

I give permission for photographs in which I (the Student) appear, taken by the Salt Spring Chamber Music Festival photographer, to be used for publicity purposes. Circle One: YES or NO

Dated this _____ day of _____, 2020.

Signature of Parent or Guardian: _____

Signature of Student _____

Return this page together with your registration form to: David Visentin, Artistic Director, Salt Spring Chamber Music Festival, 2-451 Chester Ave., Victoria, B.C. V8V 4C2 T: 416-804-3366
Email: davidvisentin9@gmail.com