

Broken Arrow Strings Academy

Orchestra Fall 2024



BASA will meet in the **BA Freshman Academy Band room** from **6:00-7:30 pm** (students will need to arrive at 5:45pm to tune and warm up).

Rehearsals: 9/16, 9/23, 9/30, 10/14, 10/21,10/28, 11/4, 11/11,

BASA Concert: November 12, 2024 at 7:00 pm at the BAPAC.

*Dates are subject to change due to the school calendar

Students are responsible for bringing their instruments, music, and other necessary supplies to each rehearsal.

BASA will be directed by the Broken Arrow music faculty and members of the High School Orchestra.

Tuition for BASA 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 or mail to BAHS Orchestra 1901 E. Albany, Broken Arrow, Ok 74012 by August 30, 2024.

Payment is due the first night September 16, 2024.

The Band will be used for cancellations and reminders for another way to communicate with parents and students, since I am a traveling teacher. I will also use canvas.



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

Adult Sizes Only: (circle one)

 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: _____

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 if you cannot be reached.

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 _____

Student's Name: _____

Parent's Signature: _____

Date: _____