



# Binghamton Youth Symphony

2016-2017 Season

## Individual Musician Agreement and Photographic Release

You are a continuing member of the orchestra or have successfully auditioned for and have been selected to be a member of the Binghamton Youth Symphony. Along with the privilege of being in the orchestra, responsibilities of membership are detailed below. These responsibilities are important for the success of the orchestra.

1. By signing this agreement, I understand that my obligation to the Binghamton Youth Symphony includes attendance at all rehearsals and **all** performances. My obligation also includes learning my part to the best of my ability so I am musically prepared for rehearsals.
2. I understand that the only excuses for not attending rehearsals and performances are limited to illness, school obligations that cannot be rearranged, and family or personal emergencies. Excuses such as work, impending school assignments, paid performances or social engagements are not considered legitimate excuses. Half-session absences will also be monitored and counted.
3. In the event of my inability to attend a rehearsal or performance, I will notify the orchestra secretary designated for my section or the conductor. I will call as soon as I know that I must be absent from a rehearsal or performance.
4. If I cannot attend a rehearsal or performance, I realize that it is my responsibility to have my music brought to the rehearsal or performance so that someone else can play my part during my absence. If I share music with another member of my section, I understand that it is especially important that the music be sent to the rehearsal or performance.
5. I realize that absences from any performances and excessive absences from rehearsals will result in a review of my membership in the orchestra. Due process will include a written warning. If absences continue after a warning has been issued, I understand that I will be asked to leave the orchestra.
6. I understand that being a member of a musical activity in my home school is a requirement of membership in the Binghamton Youth Symphony. I agree to maintain membership in my school orchestra or concert band throughout the school year, and agree to have my music teacher or school official certify that I am a member in good standing of a school music organization, unless it is not available to me.
7. I understand that participation in the orchestra includes the requirement to pay the registration fee and complete/sign the registration form.
  - a. **Preparatory Orchestra: \$85 / Senior Orchestra: \$95**
  - b. Mail to BYSO PO Box 1235 Binghamton (13902)
  - c. Make any checks payable to BYSO.

8. I agree to be held responsible for any music that is distributed to me, and understand that if the music is not returned to the Binghamton Youth Symphony, I will pay any costs that are incurred in the replacement of the music. Every member is required to have a standard music folder issued by the orchestra. New members of the orchestra will receive a folder as part of their registration fee. Returning senior orchestra members or junior orchestra members moving up to the senior orchestra will be required to pay \$12.00 if they do not already have a regulation folder.

9. (THIS IS A GENERAL PHOTOGRAPHIC RELEASE AND INDEMNITY AGREEMENT.PLEASE READ CAREFULLY BEFORE SIGNING.)

In case you are in any of the photos or videos we choose to use, we request your permission to use your likeness in promotional material for the Binghamton Youth Symphony Orchestra.

I, \_\_\_\_\_, give permission to use my name  
(name of orchestra member)

and likeness in promotional material for the Binghamton Youth Symphony.

The signatures below indicate acceptance of the above conditions of participation in the Binghamton Youth Symphony Orchestra.

Musician signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_, 2016

Guardian signature:\_\_\_\_\_

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_,2016

# BINGHAMTON YOUTH SYMPHONY

## REGISTRATION INFORMATION AND HEALTH HISTORY:

☐ Sr. Orch. / \$95

☐ Prep. Orch. / \$85

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent/ Guardian #1: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/ Guardian #2: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Instrument: \_\_\_\_\_ Grade: \_\_\_\_\_

School District: \_\_\_\_\_ Bldg: \_\_\_\_\_

School Music Teacher: \_\_\_\_\_

Private Music Teacher: \_\_\_\_\_

### **Hospitalization/Accident Insurance:**

Do you have health insurance? : \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Does your insurance company require pre-authorization?: \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child have a family physician?: \_\_\_\_\_ yes \_\_\_\_\_ no

**Family Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**HEALTH HISTORY:** state yes or no, and comment in the space below if yes-

Are you presently under treatment for a physical or emotional problem? \_\_\_\_\_

Any recent operations or serious injuries? \_\_\_\_\_

Are you disabled or have any special physical needs? \_\_\_\_\_

Do you have allergies (including to medications, bee stings, etc.)? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

Do you have any contagious illnesses? \_\_\_\_\_

Parents' comments/concerns/restrictions: (example: no swimming):

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**This health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted.**

**Authorization of Treatment: In case of medical emergency, I hereby give my permission to the medical personnel selected by a staff member to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child in the event I cannot be reached. I hereby give permission to the physician selected by a staff member to secure and administer treatment, including hospitalization, for the person named above.**

Signature of parent or guardian: \_\_\_\_\_

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