



## **BELLEVILLE PHILHARMONIC YOUTH ORCHESTRA (BPYO)** **2018-2019 REGISTRATION FORM**

For BPYO office use only: Multiple member discount: Y / N    Donation: \_\_\_\_\_  
Registration fee paid \$ \_\_\_\_\_ Date paid \_\_\_\_\_ Check # \_\_\_\_\_ Referred: \_\_\_\_\_

### **REGISTRATION INFORMATION**

The registration fee is \$75 (\$60 for each additional youth in the family). There is a prorated fee of \$50.00 each for musicians joining after the December concert. Checks are payable to the **Belleville Philharmonic Society**.

### **COMPLEMENTARY PHILHARMONIC ORCHESTRA TICKETS FOR YOUTH MEMBERS**

In appreciation for performing, BPYO members receive membership cards admitting youth musicians into all BPS adult chorale and orchestra performances. Tickets (or for a bigger discount per performance - season tickets) can be purchased in advance or on the website for additional family members.

### **REHEARSALS AND COMMUNICATION**

Rehearsals are at the Belleville Philharmonic Society Hall, 116 N. Jackson, Belleville, IL on Mondays from 5:30-7:30 pm. The season runs August 27, 2018 to May, 2019. Parents should attend meetings throughout the season. Information is sent via email. Make sure you inform us of any e-mail changes! For general information, go to [www.bellevillephilharmonic.org](http://www.bellevillephilharmonic.org).

### **STUDENT INFORMATION**

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent's Email \_\_\_\_\_ Student email \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **MUSICAL BACKGROUND**

Instrument/chair \_\_\_\_\_ Years played \_\_\_\_\_ Years with BPYO \_\_\_\_\_  
School and grade in fall \_\_\_\_\_  
How did you find out about youth orchestra? \_\_\_\_\_  
Music Instructor: \_\_\_\_\_ phone \_\_\_\_\_  
Ensembles and other groups \_\_\_\_\_  
Other instruments and years played \_\_\_\_\_

## MEDICAL AND EMERGENCY INFORMATION

Health Insurance Co.: _____	Tetanus shot up to date? Y / N
Family Physician & Phone # _____	
Medications: _____	
Allergies or adverse reactions to meds/food: _____	
Any recent operations or serious illness? _____	
Special Conditions: _____	
Other persons who are authorized to pick up musician: _____	
Emergency Contact: _____	Phone: _____
Relationship _____	

This registration and health history has been completed to the best of my knowledge. The person herein described has permission to engage in all activities. I consent for myself, or (for a minor participant) my child, to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. Should a medical emergency arise in the case of a minor, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances.

With the understanding that all possible caution will be taken by those persons in charge to prevent injuries, I/we release the staff, volunteers, and the Belleville Philharmonic Society (BPS) from any and all liability arising from participation in the Summer Intergenerational Orchestra program. **Parents of youth** - I/we further understand and agree that I/we assume full responsibility for any loss or damage to property, or for bodily injury to others, caused by the above-named participant, whether by accident or intent. I/we also understand that if the behavior of this participant becomes inappropriate, I/we will be responsible for *immediate transportation home*.

### MEDIA PERMISSION

When participating in Belleville Philharmonic activities I may be photographed for print, videotaped, or electronically imaged. Images and/or videos may be used in promotional materials, news releases, and other published formats for the Belleville Philharmonic Society and will be the sole property of the organization.

I wish to opt out at this time.

*I have read this form. I fully understand and consent to its terms.*

*Participant's Signature & Date* \_\_\_\_\_

*Parent/Guardian Name(s) printed* \_\_\_\_\_

*Parent/Guardian Signature(s) & Date* \_\_\_\_\_

**PLEASE RETURN THIS FORM AT REGISTRATION!**