



## **BELLEVILLE PHILHARMONIC YOUTH ORCHESTRA (BPYO)** **2019-2020 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**.

### **REHEARSALS AND COMMUNICATION**

Rehearsals are at the Belleville Philharmonic Society Hall, 116 N. Jackson, Belleville, IL on Mondays from 5:30-7:30 pm with a break around 6:30 pm. Families take turns bringing snacks and drinks for rehearsals. The season runs August 26, 2019 to May, 2020. 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!**