



BELLEVILLE PHILHARMONIC YOUTH ORCHESTRA (BPYO) **2021-2022 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 30, 2021 to May, 2022. 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.

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!