



Registration Form

Student Name _____ Instrument(s) _____

No. of years instrument played _____

Grade/Year in School _____

School _____

Address _____

City _____ State _____ Zip _____

Student E-mail address _____

Phone (_____) _____ Date of Birth _____ Age _____ Gender () F () M

Mother/Guardian _____ Phone (home/work) _____

Mother E-mail address _____

Mother/Guardian Address(if different from above)

City _____ State _____ Zip _____

Father/Guardian _____ Phone (home/work) _____

Father E-mail address _____

Father/Guardian Address(if different from above)

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

School Music Teacher _____ Phone _____

Private Music Teacher _____ Phone _____

*If applicable, please indicate which parent or guardian is the primary contact:

SEATING AUDITION TIME

Please indicate which day(s) you prefer to complete a seating audition (auditions will take place in the late afternoon/evening and will last approx. 10min – you will be scheduled a time on one of your preferred days once your application and application fee have been received). **THE REQUIRED MUSIC TO PREPARE FOR YOUR SEATING AUDITION CAN BE FOUND ON THE YOUTH ORCHESTRA WEBPAGE AT**

WWW.FAYETTEVILLESYMPHONY.ORG/YOUTH-ORCHESTRA

STRINGS:

_____ June 5th, 2018

_____ September 4th, 2018

_____ September 6th, 2018

_____ September 7th, 2018

WOODWINDS & BRASS:

_____ June 5th, 2018

_____ August 27th, 2018

_____ August 29th, 2018

_____ September 5th, 2018

PERCUSSIONISTS do not need to complete a seating audition, but if you are a percussionist – please indicate which percussion you are able and comfortable to play:

_____ Mallet Percussion (i.e. xylophone, orchestra bells, marimba, etc.)

_____ Auxiliary Percussion (i.e. snare drum, bass drum, triangle, cymbals, etc.)

_____ Timpani

APPLICATION FEE

A non-refundable application fee of \$25 must be received with this application in order to be scheduled for a seating audition. Failure to pay the fee will result in participant not being scheduled for a seating audition. This will therefore result in the participant being placed in the back of their respective section for Concert Band or String Orchestra, and will NOT be eligible to participate in Full Orchestra. Should the student accept his/her position within the program, the \$25 will be put towards their full-year tuition.

PLEASE NOTE: No student will be turned away from participating in the program. Everyone who applies will be placed in at least one ensemble. The seating auditions are just to help determine the proper seat placement/ensemble for each student participating.

Application Fee may be paid online by credit card at <https://squareup.com/market/fayetteville-symphony-orchestra> or by phone at (910)433-4690. Checks made out to Fayetteville Symphony Orchestra are also acceptable.

TUITION

Required Application Fee - \$25

Tuition for Participation in TWO Ensembles - \$225 for the year (due no later than Oct 1)

Tuition for Participation in ONE Ensemble - \$175 for the year (due no later than Oct 1)

Tuition for the year is outlined above. Tuition is non-refundable. If participant does not pay their required application fee, participant will not be scheduled a seating audition. This will result in the participant being placed in the back of their respective section for Concert Band or String Orchestra, and will NOT be eligible to participate in Full Orchestra. **Tuition due for the participant if they do not complete a seating audition will be \$200.**

The tuition helps cover the costs of hiring professional musicians to come and work with the students, purchasing and copying music, administrative work, as well as marketing materials such as the printing of programs, posters, flyers, etc.

INSTALLMENT PLAN

 Please check here if you prefer to pay the remaining tuition in 2 installments this fall.

The first installment will be due by October 1st, and the last installment will be due by November 5th.

FINANCIAL AID

 Please check here if you would like to be considered for Financial Aid, and send in a copy of your most recent year's tax return to Christine Kastner, President/CEO, at ckastner@fayettevillesymphony.org.

Please note: Financial aid is limited, and consideration will be handled on a case-by-case basis.

If under 18 years old:

I hereby agree that my child, _____, may participate in all activities of the Fayetteville Symphony Youth Orchestra. I understand and agree that the Fayetteville Symphony shall not be responsible for any injury to my child or any damage to, or loss of, my child's property. I release the Fayetteville Symphony Orchestra from all liability resulting from my child's presence at and participation in activities directly or indirectly related to the Fayetteville Symphony Youth Orchestra. I agree to be responsible for all tuition and fees for the Youth Orchestra and recognize that early withdrawal will not release me from financial obligation. I understand video, audio, and still photography will be used for marketing of the Youth Symphony, and that my child will not be identified in any way.

Parent/Guardian Signature

Date

Person(s) authorized to pick up my child from rehearsal:

Fayetteville Symphony Youth Orchestra
Emergency Medical Information & Release Form

Student Name _____ Age _____

In Case of Emergency, Contact:

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

3.) Name: _____ Relationship: _____ Phone: _____

ALLERGIES(Food/Medicine/Etc.): _____

Physical Disabilities or Learning Differences that the Instructors Should be Aware Of: _____

Current Medications: _____

Insurance Information: _____

This information is considered confidential, and it will be used only in emergency situations.

If under 18 years old:

I, _____, the parent/guardian of my child _____

hereby assume the risk for any injuries that I, or my child may sustain in the pursuit of the activities while at Fayetteville Symphony Youth Orchestra events and do hereby remise, release and forever discharge the Fayetteville Symphony Orchestra, its independent contractors, and employees from any actions, suits, damages, claims, or judgments that might arise from any personal injury or property damage or loss that may be sustained while at these events. I have read and fully understood this document and signed below:

Parent/Guardian Signature

Date



CHECKLIST

Application and Application Fee Deadline: August 31st, 2018

_____ Application Form

_____ Medical Release Form

_____ Application Fee (\$25)

- Credit Card online at www.fayettevillesymphony.org
OR
- Check made out to the Fayetteville Symphony Orchestra

Send all materials to Kathryn Moore, Patron & Communications Manager, by email or by mail.

Email: kmoore@fayettevillesymphony.org

OR

Mail to:

Fayetteville Symphony Orchestra

Attn: FSYO

P.O. Box 302

Fayetteville, NC 28302