



SPRINGFIELD YOUTH ORCHESTRAS

Springfield Youth Symphony
Chamber Orchestra
String Ensemble



SPRINGFIELD CHILDREN'S
CHORUS

THE FOLLOWING **THREE** DOCUMENTS, **ALONG WITH PAYMENT OF TUITION,**

MUST BE COMPLETED AND RETURNED TO

SPRINGFIELD SYMPHONY ORCHESTRA

P.O. Box 1374,

SPRINGFIELD, OHIO 45501

OR BY EMAIL AT

NOMI@SPRINGFIELDSYM.ORG

ON OR BEFORE

MONDAY, AUGUST 27, 2018

2018-2019 Registration Form and Agreement

Student Name _____

Parent/Guardian Name(s) _____

Address _____

City, State, Zip _____ Home Phone _____

Student Cell Phone _____ Parent Cell Phone _____

Student Email _____ Parent Email _____

Instrument _____ Years of Private Study _____

Private Teacher _____ Private Teacher Phone _____

Private Teacher Address _____

From the Springfield Youth Orchestra (SYO) / Springfield Children's Chorus (SCC) member:

I accept the invitation to join the SYO/SCC program. I recognize that dedication and commitment are necessary for an orchestra and chorus to reach the highest level, and I agree to provide the necessary dedication and commitment. I have reviewed the Springfield Youth Orchestras/Springfield Children's Chorus Handbook and agree to adhere to the policies and procedures stated therein.

Signature _____ Date _____

From the Parent/Guardian:

I have reviewed the Springfield Youth Orchestras/Springfield Children's Chorus Handbook with my son/daughter and recognize the importance of parental support, and that parental support is important in helping my son/daughter make the commitment stated. I grant my full support in helping my son/daughter follow through with this commitment.

____ Check here if you would like your name to be on a list to be shared for carpooling purposes.

____ Check here if you are interested in serving on our Parent Board or volunteering in other ways.

Signature _____ Date _____

All fees and forms are due on or before August 27, 2018. Any other financial arrangements must be made on or before that date.		Total
Annual SYSE/SYCO/SYS Tuition Fee (may be split up per semester or monthly; please speak with Nomi, arrangements will be made in writing)	\$275	\$
Additional Child Fee(s) if applicable	\$137.50 per child	\$
Annual SCC Tuition Fee	\$200	\$
Fees are non-refundable after the 1st rehearsal	Grand Total	\$

Payment Type: ____Cash ____Check ____Credit Card (Visa, MC, or Discover only)

Name on Card: _____

Card #: _____

Signature: _____

Exp Date: _____/_____/_____ CVV#: _____

Contact Nomi Marcus at 325-8100 to arrange credit card installment payments.

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ON OR BEFORE MONDAY, AUGUST 27, 2018

Springfield Youth Orchestras

2018-2019 School Music Program Participation Verification

Springfield Children's Chorus (SCC) members DO NOT need to fill out this form. If applicable, please skip to "2017-2018 Springfield Youth Orchestra Emergency Medical Form"

Our policy concerning participation in school music programs is as follows:

"SYO members must be a member of a school music organization playing the same instrument as is played in the SYO. If there is no school orchestra or band, if there is a scheduling conflict, or if the student is home-schooled, an exception may be made. A "participation agreement" signed, where applicable, by your school music director, guidance counselor, principal, or private teacher is required for SYO participation and is included with the registration papers that are due by the first rehearsal."

Student's Name _____

School _____ Grade _____

School Address _____

City, State, Zip _____

Instrument Played in Springfield Youth Orchestras _____

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 Check here if student is homeschooled.

The above named student currently participates in his/her school instrumental music program, performing on the above listed instrument.

The above named student is unable to participate in his/her school instrumental music program on the above listed instrument because a school instrumental music program does not exist.

The above named student does not participate in his/her school instrumental music program, with my (instructor) knowledge, due to the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on reverse if necessary

\_\_\_\_\_  
School Music Instructor or Principal Name                      School Music Instructor or Principal Signature                      Date

\_\_\_\_\_  
Private Teacher Name                      Private Teacher Signature                      Date  
(Only needed if student is not participating in a school instrumental music program)

\_\_\_\_\_  
Parent Signature                      Date

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SPRINGFIELD SYMPHONY ORCHESTRA  
ON OR BEFORE MONDAY, AUGUST 27, 2018**

# 2017-2018 Springfield Youth Orchestra Emergency Medical Form

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(father)

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(mother)

Emergency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are all immunizations are up to date? ( ) Yes ( ) No Date of last Tetanus \_\_\_\_\_

If your student has any conditions that their conductor should be aware of, please list them below.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the persons in charge to take no action or to \_\_\_\_\_

Signature (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SPRINGFIELD SYMPHONY ORCHESTRA  
ON OR BEFORE MONDAY, AUGUST 28, 2017**