

2018 Registration
www.gcyo-fl.org



954-501-0401
info@gcyo-fl.org

Beginning Strings Program String Orchestra Summer Program 2018

Name: _____ Instrument _____

Address: _____ City _____ Zip Code _____

Student's e-mail _____ Student's cell phone _____

School: _____ 2018-2019 Grade _____

Facebook _____

School Music Director _____ Phone number _____

Private Teacher _____ Phone number _____

How long have you played your instrument? _____

How long have you studied privately? _____

All instruments that I play _____

Are you a member of any other youth orchestras? _____

My school has an orchestra program (yes or no) _____ and I am a member (yes or no) _____

My school has a band program (yes or no) _____ and I am a member (yes or no) _____

As a GCYO summer student I will adhere to the rules and regulations of GCYO as stated in the Student/Parent Handbook.

Student signature _____ Date _____

Student's T-Shirts size (Youth) S M L XL or (Adult) S M L XL

All parent information is mandatory in case of emergency.

Parent's/Guardian's Names _____

Street: _____ City _____ Zip Code _____

Home phone _____ Best time to call _____

Mom's e-mail _____ Mom's cell phone _____

Dad's e-mail _____ Dad's cell phone _____

Place of employment: _____ Phone: _____

Planned vacation schedule if any: _____

Registration Requirements

All applications are due by 5/12/18 with a \$150.00 non-refundable deposit. Full payment is due by 6/9/18.

_____ Completed application received by 4/28/18 program tuition is \$250.00

_____ Completed application received by 5/12/18 program tuition is \$275.00

Please mail completed application, waiver, and check made out to Gold Coast Youth Orchestra to:

Gold Coast Youth Orchestra
977 S. E. 10th Ct.
Pompano Beach, Fl. 33060

All tuition payments and donations to Gold Coast Youth Orchestra are non-refundable.

Auditions and rehearsals take place here:

All Saints Lutheran Church
7875 W. McNab Road
Tamarac, FL 33321

The summer program begins on Saturday, June 16th, and concludes on Saturday, July 28th with a concert.

Please drop off students 15-20 minutes prior to rehearsal time and be prompt with on time pick up.

Summer rehearsal schedule and times:

Mondays and Wednesdays from 6:15 p.m. to 8:00 p.m.

Saturdays from 11:15 to 1:00

All students supply their own equipment.

Please keep a copy of your application!

Parental Consent and Waivers/Release from Liability Gold Coast Youth Orchestra and All Saints Lutheran Church

My child has permission to participate in the GCYO String Orchestra Summer Program 2018. By signing this form I agree to support Gold Coast Youth Orchestra's policies as stated in the Student/Parent Handbook and I am in agreement with the waivers as shown below.

Printed Name of Child _____ Date _____

Printed Name of Parent _____ Date _____

(Please print legibly)

Signature of Parent/Legal Guardian _____

Waiver of Liability and Responsibility for Damage

I agree that Gold Coast Youth Orchestra and All Saints Lutheran Church will not be held liable for any negligence, casualty, accidents, expenses or claims based on personal injury or property damage resulting from participation in any Gold Coast Youth Orchestra activities. I further agree that I will be responsible for any property damage resulting from my child's activities. I understand my child is responsible for her/his instrument and personal belongings at all GCYO activities and I am responsible for any damage that could occur for any reason. Further, I agree that I, my child, my heirs, assignees, guardians or legal representatives will not make a claim against any GCYO staff, officers or directors individually or collectively or any All Saints Lutheran Church staff, officers, directors or council members, for the injury of my child, or damage to his/her property sustained in connection to GCYO's String Orchestra Summer Program 2018.

Medical Release

I agree that the GCYO may obtain medical attention, advice, evaluation, or treatment for my child in an emergency while participating in a GCYO rehearsal or other event. In case of emergency, I understand that reasonable efforts will be made by the GCYO to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance, and that GCYO and its representatives will not be held liable for any related expenses. I agree and understand that GCYO has sole discretion to determine when such an emergency has occurred.

Photo Release

I hereby consent and authorize GCYO to take/use photographs, video and audio recordings (hereinafter "recordings") of me and my children/wards for educational, research, documentary, marketing, public relations or other purposes. I understand any such recordings shall be sole property of GCYO. I also understand that any audio or video recorded by me, my family or friends can only be for personal use. GCYO does not allow any electronic media produced by family or friends to be published on Facebook, Youtube or any other media without prior consent from GCYO.