



P.O. Box 642; Red Bank, New Jersey 07701

<http://www.njsyo.org>

# New Jersey State Youth Orchestra

## 2010-2011 REGISTRATION

Student Name: \_\_\_\_\_  
(Last) (First)

Parent's or Guardian's Name:  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(Town & Zip) 1<sup>st</sup> E-mail: \_\_\_\_\_

Year you first Joined NJSYO? \_\_\_\_\_ 2<sup>nd</sup> E-mail: \_\_\_\_\_

Instrument: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_

Private teacher: \_\_\_\_\_  
(Name) (Address)

School: \_\_\_\_\_ School Music Teacher: \_\_\_\_\_

I would like to Volunteer to help with:  Ad Book  Fund Raising  Publicity  Concert Coordination

I would like to participate in:  Orchestra  Chamber Music program

Please list any known allergies: \_\_\_\_\_

Other relevant medical information: \_\_\_\_\_

Father's mobile Number: \_\_\_\_\_ Work / Alternate Number: \_\_\_\_\_

Mother's mobile Number: \_\_\_\_\_ Work / Alternate Number: \_\_\_\_\_

Additional Emergency Contact Name and Relationship: \_\_\_\_\_

Home phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Membership Dues: 1 child \$350 2 children \$595 3 children \$788 4 children \$980  
\$175 Additional per student for participation in both orchestra AND chamber music.  
\$50 late fee per student if received or postmarked after September 23, 2010

Amount enclosed: \$ \_\_\_\_\_ Make checks payable to NJSYO

Send application to: NJSYO, PO Box 642, Red Bank, NJ 07701

# NJSYO Membership Agreement

## Chair Position:

Please be aware that the New Jersey State Youth Orchestra is a non-competitive group. Students are seated according to the conductor's discretion. Parents and students are expected to abide by this decision. We emphasize that all members are an integral part of the orchestra regardless of their chair position.

## Orchestra assistance:

I understand that I will be asked during the orchestra season to assist with rehearsals and / or a concert. I will be expected to help set up, clean up, or assist the conductor as needed.

Orchestra assistance exemption

I would like to be exempt from orchestra assistance duties (a additional \$50 payment **must** accompany the registration form to be exempt)

Parents' Signature (only if using exemption): \_\_\_\_\_

## Attendance:

I agree to abide by the attendance policies of the NJSYO as stated in the parent / student handbook. I understand the importance of each member for the orchestra to achieve its greatest potential. I therefore agree to notify the conductor or orchestra manager in advance if my child cannot attend a rehearsal or concert.

## Medical Release:

In the event of a medical emergency I hereby authorize the New Jersey State Youth Orchestra (NJSYO) to seek medical treatment for my child. During such an emergency, I expect the NJSYO and the appropriate medical personal to attempt to reach me using the contact information I provided to discuss treatment.

## Photo Release:

I give my permission to be photographed, video taped, and recorded while participating in New Jersey State Youth Orchestra Events. I understand these materials may be used in newspapers, websites, or other publications to promote the Orchestra and its activities.

## Membership Agreement:

I hereby make application for my child to participate in the New Jersey State Youth Orchestra. We have read the parent / student handbook and understand that the fulfillment of the Orchestra's objectives requires the complete cooperation of each orchestra member and his/her parents. We accept the obligation of membership and understand that continued participation is contingent upon adherence to the standards and regulations described in the handbook.

## Liability Release:

I hereby release and discharge NJSYO, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against NJSYO, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all person injuries, know or unknown, and from all known or unknown injuries to property, real or personal, caused by or arising out of participation in any New Jersey State Youth Orchestra activities.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Student)