

# LA JEUNESSE YOUTH ORCHESTRA

## 2022/23 Season Registration

### Musician's Information:

Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Address with Postal Code: \_\_\_\_\_

Musician Email: \_\_\_\_\_ \* Home Phone Number: \_\_\_\_\_

Date of Birth (e.g. January 1, 2023): \_\_\_\_\_

School: \_\_\_\_\_ School Grade in Sept 2022: \_\_\_\_\_

Primary Instrument: \_\_\_\_\_ # Years Studied: \_\_\_\_\_

Current Music Grade Level: Suzuki Book \_\_\_\_\_ and/or RCM Grade \_\_\_\_\_ Year Completed \_\_\_\_\_

School Music Teacher(s) Name(s): \_\_\_\_\_

Phone#/email: \_\_\_\_\_

Private Music Teacher(s) Name(s): \_\_\_\_\_

Phone#/email: \_\_\_\_\_

Additional Instrument(s) and Grade Level: \_\_\_\_\_

Other Music Skills or Experience: \_\_\_\_\_

### Parent/Guardian/Emergency Contact Information:

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Email: \_\_\_\_\_ \* Phone # (Home): \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Work Email \_\_\_\_\_ Phone # (Work): \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Email: \_\_\_\_\_ \* Phone # (Home) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Email: \_\_\_\_\_ Phone # (Work): \_\_\_\_\_

Does your child carry an Epipen? Yes  No  Reason for Epipen? \_\_\_\_\_

Please advise us of any other information (special needs/allergies/medical/other) \_\_\_\_\_

Parents will be asked to volunteer with various endeavors of the orchestra. Some endeavors require volunteers to undergo a Vulnerable Sector Check at your expense.

\*Used for member email messages from LJYO Manager

FEES	STANDARD PAYMENT
Registration/Membership Fee	\$300
Music Deposit (refundable)	\$25
Fundraising Commitment (eligible for refund)	\$200 per family
Ticket Sales Commitment	\$ 450 per family
Less Family Discount (where applicable)	\$
<b>Total</b>	<b>\$ 975</b>

I hereby acknowledge that my personal information shall be kept confidential and used or released strictly as required for administrative purposes by the La Jeunesse Youth Orchestra Incorporated.

Parent/Guardian Name (Please Print) \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Member Signature if over 18 years of age \_\_\_\_\_