

LA JEUNESSE YOUTH ORCHESTRA

2025-2026 Season **MEMBER** Registration

Musician's Information:

Name: _____

Preferred Pronouns: _____

Address with Postal Code: _____

Musician Email: _____ Home Phone Number: _____

Date of Birth (e.g. 1 January, 2024): _____ Mobile #: _____

School: _____ School Grade in Sept 2025: _____

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): _____

Mobile Phone#: _____

Work Email: _____ Phone # (Work): _____

Secondary Contact Name: _____ Relationship: _____

Primary Email: _____ * Phone # (Home) _____

Mobile 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 activities of the orchestra and LJYO require volunteers to undergo a Vulnerable Sector Check at our expense.

***Used for member email messages from LJYO Manager.**

| FEEs | STANDARD PAYMENT |
|--|------------------|
| Registration/Membership Fee (not refundable) | \$300 |
| Fundraising Commitment (eligible for refund) | \$200 per family |
| Ticket Sales Commitment (3 concerts) | \$450 per family |
| Less Family Discount (where applicable) | \$ |
| Total | \$ 950 |

Please see next page

Please let our orchestra manager know if you cannot attend a rehearsal due to illness. Participating in rehearsal via Zoom is always an option, should you be feeling unwell.

Please note that La Jeunesse Youth Orchestra Inc. (LJYO) will comply with the current requirements and recommendations of the provincial and local public health and to put in place and adopt all necessary measures to that effect when necessary.

I hereby acknowledge that I understand the contents of this document and 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:(dd/mm/yyyy) _____

Parent/Guardian Signature _____

Member Signature if over 18 years of age _____

