

LA JEUNESSE YOUTH ORCHESTRA

2020/21 Season Registration

Musician Information:

Name: _____

Address: _____ City _____ Postal Code _____

Musician Email: _____ * Home Phone Number: _____

Date of Birth (mm/dd/yyyy): _____

School: _____ School Grade in Sept: _____

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): _____

Alternate Email: _____ Phone # (Alt): _____

Secondary Contact Name: _____ Relationship: _____

Primary Email: _____ Phone # (Home/Cell): _____

Alternate Email: _____ Phone # (Alt): _____

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

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

Parents will be asked to volunteer with various functions of the orchestra. Some functions require volunteers to undergo a criminal reference check.

FEES	STANDARD PAYMENT
Registration/Membership Fee	\$ 300
Music Deposit (refundable)	\$ 50
Fundraising Commitment (eligible for refund)	\$ 200
Ticket Sales Commitment	\$ ----
Less Family Discount (where applicable)	\$
Total	\$ 550

Please note that if we have the opportunity to have a post-Covid concert(s) there will be a \$150 fee for 10 tickets which you can sell to family, friends and the community.

Publicity and Information Release

I give my consent to the La Jeunesse Youth Orchestra to photograph, record or film the above named musician for the purposes of publicizing the activities of the organization (including brochures, website, etc.). I further acknowledge that I and/or the named musician waive any claim to copyright in any part of any such recording, and waive any claim to any royalty or other financial consideration based on such participation. I acknowledge that personal information shall be kept confidential and used or released strictly as required for administrative purposes by the La Jeunesse Youth Orchestra.

Parent/Guardian Signature

Member Signature if over 18

Date (mm/dd/yyyy)

Return completed form to manager@ljyo.ca