

# LA JEUNESSE YOUTH ORCHESTRA

## 2026-2027 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 2026: \_\_\_\_\_

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) | \$500            |
| Ticket Sales Commitment (3 concerts)         | \$540 per family |
| <b>Total</b>                                 | <b>\$ 1040</b>   |

**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 \_\_\_\_\_

