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Julien Benichou, Music Director

Linda Foss, Executive Director

**CHESAPEAKE YOUTH SYMPHONY ORCHESTRA  
AUDITION / EMERGENCY CONTACT APPLICATION**

**MUSICIAN INFORMATION**

**Ensemble:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (Month/Date/Year)

**School:** \_\_\_\_\_ **Grade 2011-2012:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Instrument:** \_\_\_\_\_ **Years played on Instrument:** \_\_\_\_\_

**COMPOSER, TITLE, AND GRADE OF YOUR AUDITION PIECE IF KNOWN** \_\_\_\_\_

**Do You Study Privately?** \_\_\_\_\_ **Name of Private Teacher:** \_\_\_\_\_

We strongly encourage all members to receive private lessons and to be a part of their school music program.

**Years with Private Teacher:** \_\_\_\_\_ **Teacher's Phone Number:** \_\_\_\_\_

**Private Teachers Address:** \_\_\_\_\_

**Private Teacher E-Mail:** \_\_\_\_\_

**Other Instruments Played:** \_\_\_\_\_

**Ensembles you have performed in:** \_\_\_\_\_

**Music awards received:** \_\_\_\_\_

\_\_\_\_\_

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**PARENT INFORMATION**

**NAME OF MUSICIAN:** \_\_\_\_\_

**EMERGENCY CONTACTS (at least one parent/guardian and one other as appropriate)**

**Mother/Guardian:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\*Most of our communication is done by e-mail\*\*\*

**Father/Guardian:** \_\_\_\_\_

**Address (If different from above):**  
\_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Other Contact: (Friend or neighbor—Optional)**

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

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Medical Information:**

**Physician:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Allergies or other health conditions:**

**Medications:**

**Medical Insurance Carrier:**

**Policy Holder:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**I give permission to personnel or representatives of the CYSO to seek emergency medical treatment for my child, and also permit treatment to be carried out by local hospitals in the event that my child has been taken there for emergency care. I understand that any expense will be billed to me or my insurance carrier.**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PUBLICITY RELEASE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give the Chesapeake Youth Symphony Orchestra (CYSO) permission to use photographs, videos, and/or audio recordings of the student named above in orchestral, ensemble, or other CYSO events appears for publicity materials. I understand that such appearances of this student in photographs, videos, and/or audio recordings will occur without compensation, and I understand that any such photographs, videos, recordings, or promotional materials are the sole property of the CYSO, Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

**MUSICIAN CONTRACT**

I, \_\_\_\_\_ (student's name), commit to abide by the rules of the Chesapeake Youth Symphony Orchestra as detailed in the CYSO Handbook. I understand that the CYSO maintains professional standards of musicianship and conduct, and I will live up to those standards. I commit to prepare for and attend rehearsals and concerts of the CYSO Orchestra of which I am a member. I understand that more than three (3) unexcused absences are grounds for dismissal. Furthermore, I will not consume alcohol, tobacco, or other drugs while at any CYSO rehearsal or sponsored event. Further, I will cooperate with my peers in the teamwork necessary to build a youth orchestra of the highest standards of musical accomplishment. I will remain loyal to previous commitments to school, community, and teachers, remembering that these continue to contribute to my achievements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

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**GENERAL RELEASE AND WAIVER FORM**

In consideration of acceptance and participation in the Chesapeake Youth Symphony Orchestra, Inc. (hereinafter referred to as "CYSO") the undersigned and/or his/her parents and/or guardians hereby release the CYSO, its agents, officers, directors, servants and/or employees of and from any and all liability, claims, damages, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned as well as damage to any property of the undersigned, at any time during their participation in the CYSO including all rehearsals, performances, trips, or other events in which the undersigned participates by virtue of membership in the CYSO.

The parents or guardians do further consent and agree that neither they nor the undersigned, individually or as parent or guardian of a minor will ever institute any suit, action at law, or make any claim against CYSO, its agents, officers, directors, servants and/or employees, for or by reason of any damage, loss or injury either to person or property or both, which the undersigned or their parents or guardians now have or hereafter shall have by reason of any matter, cause or thing arising out of participation in the CYSO.

In further consideration of the undersigned participation in the CYSO, the undersigned and their parents and/or guardians agree to indemnify and save harmless the CYSO, its officers, directors, agents, servants and/or employees against any claim for damages, compensation or otherwise on the part of the undersigned or their heirs, executors, administrators or personal representatives, and to reimburse the CYSO for any loss, damages or costs, including reasonable attorney's fees that the CYSO may have to pay if any litigation arises on account of any claim made by or on behalf of the undersigned.

The undersigned further grants to CYSO, its agents, officers, directors, servants and/or employees full authorization to take such action as they deem necessary or appropriate to protect the health and safety of the undersigned, including at the sole discretion of the CYSO and the undersigned sole expense, placing the undersigned under the care of a doctor or hospital at any place for examination and/or treatment.

We certify that we have read the foregoing general release.

IN WITNESS WHEREOF, we have affixed our respective signatures.

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Member

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Parent/Guardian

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**FUND RAISING INFORMATION**

Giant Club Card Number \_\_\_\_\_

Safeway Club Card Number \_\_\_\_\_

**This form is due at time of audition along with \$35.00 registration fee or by June 30<sup>th</sup> if no audition is required. All musicians accepted into an ensemble must submit their acceptance by July 31 along with a \$100.00 nonrefundable tuition deposit to guarantee placement in an ensemble. The balance of the tuition will be due at the Annual Parent Meeting in September.**

CYSO office use only:	
Registration Fee _____	Payment: C /Ck /C C    Date _____
Tuition Fee _____	Payment: C /Ck /C C    Date _____
Audition: yes/no	Ensemble Placement: _____