

CSUN YOUTH ORCHESTRAS REGISTRATION FORM

Orchestra Assignment (circle one) P CO S CS WE SS

STUDENT INFORMATION

Name: _____ Instrument _____

Home Address: _____

City/State/Zip: _____

Telephone: Evening (____) _____ Day (____) _____

Email Address: _____

Birthdate: _____ Age: _____ M/F: _____ Grade: _____ Year of HS Graduation: _____

EDUCATION INFORMATION

Private Teacher: _____

Email: _____ Telephone (____) _____

School: _____ Teacher _____

Email: _____ Telephone (____) _____

PARENT INFORMATION

Father/Guardian: _____ Mother/Guardian: _____

Daytime Phone: Father (____) _____ Mother (____) _____

Parent e-mail(s) _____

Would you like to be active as a parent volunteer? Yes No

Emergency Contact: _____ Telephone (____) _____

MEDICAL INFORMATION (for office use only)

Student: _____ Orchestra: _____

If parents cannot be reached in the case of an emergency, who should we contact?

Name	Relation	Phone
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Insurance Information Carrier: _____

Tel: _____ Insurance Card #: _____

Please list any allergies: _____

Please list any medications not allowed: _____

Are all immunizations current? **YES** **NO**

Please list any special medical considerations or restrictions: _____

PARENT CONSENT & MEDICAL AUTHORIZATION

My son/daughter, _____, has my permission to participate in the scheduled activities of the California State University, Northridge Youth Orchestras under the supervision of the Music Director, Staff and Volunteers. This includes rehearsals, concerts, and other events at announced locations and the necessary transportation to and from them. All persons participating in these activities are deemed to have waived all claims against California State University Northridge, California State University Northridge Foundation, the State of California, and their respective employees and volunteers, for injury, accident, illness, or death occurring during or by any reason of these activities; including damage caused to musical instruments. I understand that the above-mentioned organizations do not carry insurance and that I am urged to carry my own Home Owner's Policy. I agree to direct my child to cooperate and conform with directions and instructions of the CSUN Youth Orchestras' personnel in charge of activity. Should it be necessary for my child to have medical treatment while participating in these activities, I hereby give California State University Northridge Youth Orchestras' personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the California State University Northridge Youth Orchestras' personnel to render medical treatment deemed necessary and appropriate by the physician. I understand the California State University Northridge Youth Orchestras has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

My son's/daughter's membership in the California State University Northridge Youth Orchestras constitutes a willingness to appear in any promotions/public relations not limited to photographs/videos taken and recordings/tapes/CDs made in connection with all their functions and releases the Orchestra and affiliated organizations from liabilities resulting from use of such photographs/videos and recordings/tapes/CDs. Furthermore, no remuneration can be paid or received.

I have read and agree to abide by the Obligations of Membership in the CSUN Youth Orchestras programs. I will keep this set of guidelines so that I may refer to it with any questions.

Date: _____ **Print Name:** _____

Signature of Parent/Guardian: _____

CSUN Youth Orchestras

STUDENT ACKNOWLEDGMENT

Having read the CSUN Youth Orchestras Policies, I, _____,
agree to abide by all the policies/guidelines and conduct myself as a representative of the
CSUN Youth Orchestras at all times and during all activities, concerts, events and rehearsals.

I understand that if I do not follow the guidelines laid out in the CSUN Youth Orchestras
policies or the guidance and direction of Music Director, Music Staff, General Manger, or
volunteers I may be dismissed at anytime as a member of the CSUN Youth Orchestras without
a tuition refund.

Date: _____ Print Name: _____

Signature of Student: _____

Orchestra (check one): Symphony Chamber Philharmonic
 Camerata Wind Ensemble Sinfonia Strings

PARENT/GUARDIAN ACKNOWLEDGMENT

Having read the CSUN Youth Orchestras Policies, I, _____, the
parent/guardian of the above student, agree to support and encourage my child as he/she
participates as a member of the CSUN Youth Orchestras.

I also understand and will abide by my financial obligations to the Orchestra for my child's
participation. I have read the refund policy outlined in the CSUN Youth Orchestras Policies
and understand the limitations and restrictions.

Date: _____ Print Name: _____

Signature of Parent: _____