



## GMYS French Horn/Oboe/Bassoon Registration Form

**This form should only be used for French Horn Class and Oboe/Bassoon Class**

**Student's\*:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Does child live with a legal guardian other than mother or father?  Yes  No

If yes, **Guardian's:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Street Address\*** \_\_\_\_\_ **City\*** \_\_\_\_\_ **ZIP Code\*** \_\_\_\_\_

**Parent/Guardian Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Gender\***  Male  Female **Child's Date of Birth (mo/day/yr)\*** \_\_\_\_\_

**Child's Race\*:**  American Indian or Alaskan  Asian  Black or African American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Child's Ethnicity\*:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Is Child Proficient in English?\***  Yes  No

**Instrument** \_\_\_\_\_ **Years of Study** \_\_\_\_\_ **Private Teacher** \_\_\_\_\_

**Additional/Other language(s) spoken in the home\*:**  Spanish  Haitian-Creole  Other \_\_\_\_\_  None

**Child's Current Grade\*:** \_\_\_\_\_ **Child's Current School\*:** \_\_\_\_\_

**Does child have a documented disability?\***  Yes  No

- If yes, do you have (check all that apply):*  an Individualized Family Service Plan (IFSP; if under 3 years old)  
 an Individualized Education Plan (IEP) from the school system  a Section 504 Plan  
 a medical diagnosis from a doctor  a diagnosis by a state certified/licensed professional (ex., psychologist)  
 disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

*If yes, how would you best classify the type(s)? (check all that apply):*

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders                       | <input type="checkbox"/> Learning Disability          |
| <input type="checkbox"/> Chronic Medical Condition                       | <input type="checkbox"/> Physical Disability          |
| <input type="checkbox"/> Developmental Delay (under 5 only)              | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder            | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf)                    | <input type="checkbox"/> Other Disability _____       |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) |   |

**Tuition: \$250 WITH this Form Sibling Discount- Deduct \$50 from each additional student**

**Tuition is due upon submission of this Registration Form unless a Financial Aid Form is submitted with Registration Form. Students MUST be registered prior to participation in any GMYS events, classes, or rehearsals. Please mail registration forms and payment to GMYS, 5275 Sunset Drive, Miami, FL 33143.**

**PARENT/GUARDIAN SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For Staff Use Only (MUST BE COMPLETED)**

Financial Status (circle one): Paid in Full    Payment Plan    Full Scholarship    Partial Scholarship

### Authorization for Photography/Video

I hereby:

consent and authorize or  do not consent and authorize the Greater Miami Youth Symphony to take pictures or video recordings of my child.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission to Transport

### Comprehensive Parental/Guardian Consent Form and Liability Waiver

I, (Parent/Guardian) \_\_\_\_\_ grant permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contact Information and Authorization Pick-Up (Children will not be released to any person not listed below)

NAME	Relationship	Place of Employment	Work Number	Beeper/Cell Number

### Walk-Home Authorization:

Days \_\_\_\_\_ Exact Times \_\_\_\_\_

I understand that GMYS is not responsible for the care of my child after the times listed above.

### Participant Medical Information:

Please state below any medical or behavioral conditions your child has or has had that should be considered. Include any medication which needs to be administered while attending the program. (Allergies, present, medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, are there any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **If none, please write N/A.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Verification and Consent:

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participant's physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participant's legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury caused by the negligence of GMYS and or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Student and Parent Preparatory Division Contract

- I agree to attend all classes except for illness and excused absences. Excused absences are those reported to GMYS staff at least 24 hours before class. Please email [info@gmys.org](mailto:info@gmys.org) to request an excused absence. A student with more than 2 unexcused absences in a semester can be removed from the class.
- I will bring all materials (books, music, instrument) to class
- I will arrive at class 5 minutes before the start of class
- I will be on my best behavior
- I will take care of my instrument and return it immediately if I have more than 3 absences or withdraw from the program.
- I understand that if I withdraw, I can not reenroll for one full year
- I will practice 15 minutes a day at home
- Students must be picked up on time at the end of class

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Phone Number

### *Instrument Agreement Form*

Instrument number \_\_\_\_\_

Book number \_\_\_\_\_

Parent name \_\_\_\_\_

Phone number \_\_\_\_\_

Parent Drivers License Number \_\_\_\_\_

I, \_\_\_\_\_, agree to care for the instrument being loaned to my child by GMYS. I understand that the replacement fee for each instrument is \$\_\_\_\_\_, and I agree to pay such fee if there is any damage to the instrument during my care, or if the instrument is lost or not returned in a timely manner at the request of GMYS. I understand my child will not be able to participate in the next class if they do not bring the instrument and book checked-out to them to class. Students may also check out the music book. The book and cd replacement is \$10. Students with more than 3 absences will be required to return the instrument. Instruments must be returned at the conclusion of the class in May.

*Estimated costs- violin- \$100, viola- \$150, cello- \$350, bass- \$800, flute- \$200, clarinet- \$200, trumpet- \$200, trombone- \$250, baritone- \$400, French horn- \$800, oboe- \$1,000, bassoon- \$3,000.*

I also agree to:

- **NEVER** leave the instrument in the car, trunk, or in direct sunlight
- Loosen the bow after each practice session and remove the shoulder pad after each session and place it in the case pocket
- Never leave the instrument out of the case unattended
- Do not let other people use the instrument
- Put the instrument in a safe place after each practice session

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GMYS Staff Signature