



## 2018-2019 ENSEMBLE REGISTRATION FORM

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

### SUNDAY ENSEMBLES

**Symphony Orchestra @UM Frost School of Music 2:00-5:00 PM**

Primary Instrument: \_\_\_\_\_ Years of Study: \_\_\_\_\_ Private Lessons?  Yes  No

Private Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Instrument: \_\_\_\_\_ Years of Study: \_\_\_\_\_ Private Lessons?  Yes  No

Date of Birth (mo/day/year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

Last 4 digits ONLY of student's Social Security #: \_\_\_\_\_  No SSN  Prefer not to disclose

Miami-Dade County Public Schools ID #: 

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 No MDCPS ID  Prefer not to disclose

Name of school currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_ HS Graduation Year: \_\_\_\_\_

Is student proficient in English?  Yes  No Are parents/guardians proficient in English?  Yes  No

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

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

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

#### Parent/Guardian/Emergency Contact Information and Authorization for Pick Up: (PLEASE PRINT)

(Children will not be released to any person not listed below)

	PARENT/GUARDIAN	PARENT/GUARDIAN	EMERGENCY CONTACT
Full Name			
Relationship			
Home Phone			
Cell Phone			
Work Phone			
Primary Email			
Alt. Email			
Home Address			
City, State, Zip			
Occupation			
Employer			

Additional Student Contact Information: (if applicable) Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

## Student 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 further space is required, please attach any pertinent medical information/forms. **If none, please write N/A.**

Primary Care Physician Name: \_\_\_\_\_ Ph: \_\_\_\_\_

## 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 to 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.

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

Does student currently have health insurance (ex., private insurance, KidCare, Medicaid)?  Yes  No

Number of children living in the household (including student): \_\_\_\_\_

Is the student a dependent of a military family?  Yes  No

(A member of the student's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; 4) a member killed in the line of duty.

Does student have a disability?  Yes  No **If yes: (please check all that apply)**

*(Information needed for grant purposes; please provide GMYS with a copy of any documentation.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Education Plan (IEP) at school system  | <input type="checkbox"/> Medical diagnosis from a physician |
| <input type="checkbox"/> Section 504 Plan  | <input type="checkbox"/> Physical Disability                |
| <input type="checkbox"/> Diagnosis by a state certified/licensed professional (ex., psychologist)                                      |   |
| <input type="checkbox"/> Disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations |   |
| <input type="checkbox"/> Autism Spectrum Disorders   | <input type="checkbox"/> Speech/Language Impairment         |
| <input type="checkbox"/> Chronic Medical Condition   | <input type="checkbox"/> Visual Impairment (or blind)       |
| <input type="checkbox"/> Emotional/Behavioral Disorder   | <input type="checkbox"/> ADD/ADHD                           |
| <input type="checkbox"/> Hearing Impairment (or deaf)  | <input type="checkbox"/> Intellectual Disability (or MR)    |
| <input type="checkbox"/> Learning Disability   |   |
| <input type="checkbox"/> Other Disability: _____   | <input type="checkbox"/> Further Info: _____                |

## 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, our heirs, and 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.

Walk Home Authorization: Days: \_\_\_\_\_ Exact Times: \_\_\_\_\_

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

## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_,

hereby authorize and give consent to GMYS to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes. Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards. Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust. With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against GMYS, and their staff, employees, affiliates and Board members.

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

■ **TUITION:**

- SUNDAY ENSEMBLES: \$525** tuition per academic year
  - Check here if opting for Semester Payment Plan** (Note: Additional \$25 charge)  
First payment of **\$275** due with this form; additional payment of **\$275** due Nov. 30.

- SIBLING DISCOUNT:**
  - Check here if enrolling sibling in ENSEMBLES:** (Deduct \$75)

- **POLO SHIRTS:** \$20 each (All new students must purchase a GMYS polo shirt)  
Shirt Size:  YS  YM  YL  AS  AM  AL  AXL  A2XL  A3XL

- **OPTIONAL Opt out of Volunteering 10 hours:** \$100 per Family

■ **FINANCIAL AID/SCHOLARSHIP APPLICATION**

Note: Limited funds awarded in order of application receipt date.

- Check here if applying for financial aid. (Must attach most recent tax return)**
- Most Recent Tax Return Attached**

\$ _____
(-)\$ _____
\$ _____
\$ _____
(-) \$ _____ (to be filled by office only)
\$ <u>50.00</u>

FOR OFFICE USE ONLY: FA award (-) \$ \_\_\_\_\_

- **NON-REFUNDABLE ADMINISTRATION FEE:** \$50 per student

Note: All applications must include this fee regardless of financial aid/scholarship request.

Payment is due upon submission of this registration form unless Financial Aid is requested and copy of most recent tax return also submitted. Students **MUST** be registered and paid prior to participation in any GMYS events, classes, or rehearsals. Note: Refund of tuition only within 30 days of registration. No refunds past 30 days.

<b>TOTAL DUE:</b>	\$ _____
<b>TOTAL PAYMENT:</b>	\$ _____
Date: _____	Check#: _____

**Mail registration forms and payment to:**  
 GREATER MIAMI YOUTH SYMPHONY (GMYS)  
 5275 Sunset Drive, Miami, FL 33143  
 (Please do not fax or email forms)

QUESTIONS? Call GMYS at 305-667-4069 or visit [www.gmys.org](http://www.gmys.org)

I give my permission for this information to be submitted to The Children’s Trust for program monitoring and evaluation purposes. The Children’s Trust provides funding for the program. I understand all of my information will remain confidential and will be properly safeguarded by GMYS. None of my information will be given to any third party without my prior consent.

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

**FOR OFFICE USE ONLY (Must be completed)**

- ENSEMBLE:**  Beach Mozarts  Young Mozarts  Strings  Concert Orch  Young Sousas  Concert/Jazz  Symphony
- PREP:**  Tues  Wed  Thu  Sat  Sun MDC  Sun Miami Beach **OTHER:**  French Horn/Oboe/Bassoon
- Financial Status:**  Paid in full  Semester Payment Plan  Full Scholarship  Partial Scholarship
- Priority Population Membership (check all that apply):**  Migr Farm Wrk  Dep Syst  Delin Syst

**GREATER MIAMI YOUTH SYMPHONY  
 Parent Participation Agreement**



Greater Miami Youth Symphony (GMYS) is a non-profit organization supported by the parents of students enrolled in GMYS. Parent participation and support is extremely valued and essential to the success of GMYS. Please read and agree to the following requirements when enrolling a student in the GMYS:

As GMYS parents, the following **mandatory obligations** are acknowledged and agreed to (for ALL parents, regardless of opt-out status):

- Attend at least one of the two mandatory annual parent meetings held in September and April. (REQUIRED)
- Each family will purchase OR solicit and secure at least one advertisement for the Playbill.
- Each family will donate OR solicit and secure at least one \$25 min. donation in the annual Give Miami Day effort.
- Each family will participate and support any other group fundraising activities.

GMYS has always been at its core a parent run organization. In addition to the mandatory parent obligations outlined above, at least one parent from each family is required to **ALSO volunteer at least 10 hours** to the organization per year, **OR ELSE donate \$100 to opt out** of the 10 hour volunteer obligation. Volunteer hours will be tracked in each ensemble and may include, but not limited to the following activities:

- Actively participate on the GMYS Board of Trustees, or on any board committee.
- Actively participate as Ensemble Parent Liaison.
- Concert/Event support as greeters, ticket sales, promo tables, ushers, backstage student supervisors, etc.
- Volunteer to assist with any other organizational duties such as clerical, office, music library, repairs, social media, publicity, marketing, website, technology, etc. (as requested and overseen by Executive Director or committee chairperson)
- Utilize any other unique and/or valuable skills which may further the betterment of the organization (as coordinated and overseen by Executive Director)
- Assist at or donate food for the snack committee (Note: One week's food donation will count as 5 volunteer hours)

I have read and understand the parent support and participation requirements. I agree to the obligations as stated, and understand if I am unable to volunteer my time, I will pay a \$100 fee to opt out of the 10 hour requirement. Obligation is per family, not per student. Families who pay the \$100 fee will be recognized as donors in the GMYS Playbill.

**I prefer to pay \$100 to opt out of the 10 volunteer hours requirement, but still acknowledge support and participation in the mandatory items listed above. Please make check payable to GMYS. \_\_\_\_\_ (Please Initial)**

### Ensemble Attendance Student Contract

Attendance to **ALL** rehearsals and concerts is vital to the success of the GMYS program. The true musical and educational experience of the organization is dependent upon having every child at every rehearsal. Students should arrive **15 minutes prior** to the scheduled start of each rehearsal to tune and warm up. Rehearsals will end on schedule unless otherwise notified. Please report all absences in advance to the GMYS office (305) 667-4069 or via email at [info@gmys.org](mailto:info@gmys.org). Unexcused absences are those absences not reported to GMYS before rehearsal, excluding emergencies and extenuating circumstances. **Students with more than two unexcused absences in one semester will not be eligible to perform in the December or May concerts, will not be able to apply for summer camp employment, will be ineligible for current and future scholarships from GMYS, and will not receive community service hours from GMYS.** Students with an unexcused absence at a concert will be dismissed from GMYS. **The use of cell phones or other electronic devices is strictly prohibited during rehearsal time.**

Students can be placed on probation for the following reasons. The orchestra director will establish terms of probation.

- Students who were ineligible to perform in a concert because of attendance
- Tardiness or absence from dress rehearsal
- Excessive tardiness (more than three) to weekly rehearsals
- Inappropriate behavior including but not limited to: disrespect, excessive disruption, unauthorized use of cell phone, etc.

Any student placed on probation can be declared ineligible to advance to the next orchestra, i.e. a Concert student with poor attendance might not be eligible to audition for Symphony. Seating can be affected by any unexcused absence or tardy and can also be affected by probation. Students are responsible for signing in at rehearsals with the designated personnel. Students with perfect attendance will be eligible for various gifts or honors. Rehearsal cancellations by GMYS due to severe weather conditions will be posted on the website and recorded on the office telephone.

Dress rehearsals for concerts will take place the day of each concert prior to the performance. These rehearsals are the only opportunity for each orchestra to adapt to the acoustics and logistics of the stage. It also gives vital opportunity for each player to experience the venue in which the concert will take place. Please note that:

- Dress Rehearsals and Concerts are **mandatory**.
- Anyone who misses Dress Rehearsal **will not be allowed to perform in the concert**.
- Unexcused absence from a Dress Rehearsal or Concert **may result in dismissal from GMYS for the remainder of the year**.

**CONCERT ATTIRE IS STRICTLY ENFORCED.** Failure to comply may result in a performer's loss of privilege, at the Conductor's discretion.

#### ▪ **Symphony Orchestra**

GIRLS: Long black dress or dressy black pants/long black skirt, long or ¾ sleeve dressy black blouse, black dress shoes.

BOYS: Black tuxedo or dress jacket, black tux or dress pants, black dress shoes and black socks, white dress or tuxedo shirt, black bow tie.

**\*Community Service Hours will only be given out at the end of the fall and spring semesters.**

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

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

\_\_\_\_\_  
Date