

2017-2018 Application
www.gcyo-fl.org



954-501-0401
info@gcyo-fl.org

Name: _____ Instrument _____
Street: _____ City _____ Zip Code _____
Student's e-mail _____ Student's cell phone _____
School _____ 2017-2018 Grade _____ Birthday _____
Facebook _____
School Music Director _____ Phone number _____
Private Teacher _____ Phone number _____
How long have you studied privately? _____
All instruments that I play _____
Are you a member of any other youth orchestras? _____
My school has an orchestra program (yes or no) _____ and I am a member (yes or no) _____
My school has a band program (yes or no) _____ and I am a member (yes or no) _____

Applicant's Statement of Purpose:

As a member, I will be faithful in attendance at rehearsals and will adhere to all the rules and regulations of the Gold Coast Youth Orchestra as stated in the Student/Parent Handbook.

Signature of Applicant: _____ Date: _____

All parent information is mandatory in case of emergency.

Parent's/Guardian's Name _____
Street: _____ City _____ Zip Code _____
Home Phone: _____ Best time to call: _____
Mom's E-mail _____ Mom's cell phone _____
Dad's E-mail _____ Dad's cell phone _____
Place of employment: _____ Phone _____

Statement of Consent:

It is very important that you support your child's membership in the Gold Coast Youth Orchestra. We sincerely hope you will ensure that your child attends all orchestra rehearsals and performances. We ask that you encourage your friends and relatives to attend the orchestra concerts so the musicians of the GCYO have large and enthusiastic audiences. Parental involvement and commitment is critical to the success of the orchestra.

My child has permission to participate in the Gold Coast Youth Orchestra, and I agree to support the Gold Coast Youth Orchestra policies and commitments as stated in the Student/Parent Handbook.

Signature of Parent/Guardian: _____ Date _____

Audition requirements may be found here: http://www.gcyo-fl.org/the_program.html

Applications must be received by Saturday, April 15th if you wish to audition. Auditions will be held on Saturday, May 13th and Sunday, May 14th, only if needed. You will be e-mailed your scheduled audition day and time. Students will be notified of their acceptance status after auditions via e-mail. Registration and auditioning do not guarantee a seat in the orchestra. Acceptance and placement are determined upon the outcome of auditions. Seating will be announced at the first rehearsal on September 9th.

Audition and rehearsal location:

All Saints Lutheran Church
7875 W. McNab Road
Tamarac, FL 33321

A non-refundable application/audition fee of \$25.00 payable to Gold Coast Youth Orchestra must be enclosed with application. Applications must be received by Saturday, April 15th. The audition fee is separate and is not included in the ensemble fee. No cash please, checks only.

Ensemble Fee and Fundraising Commitment

Ensemble fee for the season (9/9/17 thru late April of 2018) is \$450.00 and covers all rehearsals, sectional rehearsals and concerts. All rehearsals are on Saturday afternoons from 1:30 p.m. to 4:30 p.m.

Ensemble Fee: No cash please, checks only. Please select payment schedule below.

_____ Pay in full \$450.00 due by 1st rehearsal (9/9/2017)

_____ \$225 down payment due by 9/9/17, balance of \$225 due by 10/21/17

Fundraising Commitment: Each family is responsible for securing \$100.00 for both fundraising concerts in December and April by either selling 10 tickets for each concert, gathering donations or independently writing a check for \$100.00 to cover the cost of the tickets. The total commitment for the season is \$200.00. All students are required to participate in our Annual Practice-a-thon Fundraiser.

Please mail your completed application (2 pages) and the following Waiver and Release Signatures (1 page) with \$25.00 check payable to Gold Coast Youth Orchestra to:

*Gold Coast Youth Orchestra
977 S. E. 10th Ct.
Pompano Beach, Florida 33060*

Financial Aid:

If you need to apply for financial aid we will do our best to work with your needs and within your budget. Please e-mail info@gcyo-fl.org and your requests will be addressed privately and confidentially. As stated in the handbook, financial aid recipients are required to participate in all fund raisers to the full extent to cover their tuition.

All tuition payments and donations made to Gold Coast Youth Orchestra are non-refundable.

Please direct all questions and correspondence regarding payments and general information, scheduling and absences to GCYO at: info@gcyo-fl.org. We will do our best to respond to you the same day. Voice messages may be left at 954-501-0401. Please keep a copy of your application.

Parent/Guardian _____ Date _____

Waiver and Release Signatures

Student Name: _____

Parent/Guardian Name: _____

(Please print legibly)

Waiver of Liability and Responsibility for Damage

I agree that GCYO and All Saints Lutheran Church will not be held liable for any negligence, casualty, accidents, expenses or claims based on personal injury or property damage resulting from participation in any GCYO activities. I further agree that I will be responsible for any property damage resulting from my child's activities. I understand my child is responsible for her/her instrument and personal belongings at all GCYO activities and I am responsible for any damage that could occur for any reason. Further, I agree that I, my child, my spouse, my heirs, assignees, guardians or legal representatives will not make a claim against any GCYO staff, officers or directors individually or collectively or any All Saints Lutheran Church staff, officers, or directors, for the injury of my child, or damage to his/her property sustained in connection with any GCYO activity.

Signature of Parent or Guardian _____ Date _____

Medical Release

I agree that the GCYO may obtain medical attention, advice, evaluation, or treatment for my child in an emergency while participating in a GCYO rehearsal or other event. In case of emergency, I understand that reasonable efforts will be made by the GCYO to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance, and that GCYO and its representatives will not be held liable for any related expenses. I agree and understand that GCYO has sole discretion to determine when such an emergency has occurred.

Signature of Parent or Guardian _____ Date _____

Photo Release

I hereby consent and authorize GCYO to take/use photographs, video and audio recordings (hereinafter "recordings") of me and my children/wards for educational, research, documentary, marketing, public relations or other purposes. I understand any such recordings shall be sole property of GCYO. I also understand that any audio or video recorded by me, my family or friends can only be for personal use. GCYO does not allow any electronic media produced by family or friends to be published on Facebook, Youtube or any other media without pre-written consent from GCYO.

Signature of Parent or Guardian _____ Date _____

Community Service Hours

Service hours will be awarded in accordance with Broward County Public Schools guidelines. Students must participate in "service hours" concerts in order for concert and rehearsal hours to be awarded.

Signature of Parent or Guardian _____ Date _____