

Intermediate/Advanced  
2024-2025 Application  
[www.gcyo-fl.org](http://www.gcyo-fl.org)



954-501-0401  
[info@gcyo-fl.org](mailto:info@gcyo-fl.org)

Name: \_\_\_\_\_ Instrument \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Student's e-mail \_\_\_\_\_ Student's cell phone \_\_\_\_\_  
School \_\_\_\_\_ 2024-2025 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 \_\_\_\_\_  
Address: \_\_\_\_\_ 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](http://www.gcyo-fl.org/the_program.html)

Applications must be received by Saturday, August 17, 2024. Auditions will be held on Saturday, August 24, 2024. 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 rehearsal on September 7, 2024.

**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 included with application. Applications must be received by Saturday, August 17, 2024. The application/audition fee is separate and is not included in the ensemble fee. No cash please, checks or Zelle payments only.

#### Ensemble Fee and Fundraising Commitment

Ensemble fee for the season (9/7/24 thru 4/12/2025) is \$510.00 and covers all rehearsals, sectional rehearsals, concerts and GCYO t-shirt. All rehearsals for the advanced and intermediate orchestras are on Saturday afternoons from 2:00 to 5:00 p.m. Students should arrive at least 15 minutes early.

Ensemble Fee: No cash please, checks or Zelle only. Please select payment options below.

Payment by check:

\_\_\_\_\_ Pay in full \$510.00 due by 1<sup>st</sup> rehearsal 9/7/2024

\_\_\_\_\_ \$250 down payment due by 9/7/2024, balance of \$260 due by 10/26/2024

Payment via Zelle can be made by directing your payment to: [info@gcyo-fl.org](mailto:info@gcyo-fl.org)

Please include the students name in the memo.

Please choose 1 size: T-shirt size: Youth Size S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ or Adult size S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_

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.

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

*Gold Coast Youth Orchestra  
1701 NW 75 Ave. #107  
Plantation, FL 33313*

Applications can also be scanned and emailed to: [info@gcyo-fl.org](mailto:info@gcyo-fl.org)

Payment via Zelle can be made by directing your Zelle payment to: [info@gcyo-fl.org](mailto:info@gcyo-fl.org)

Please include the students name in the Zelle memo.

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

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 the rehearsal/concert venue 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/his 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 rehearsal/concert venue 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 \_\_\_\_\_

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Gold Coast Youth Orchestra, our rehearsal/concert venue and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Gold Coast Youth Orchestra, our rehearsal/concert venue, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_