

Starter Strings/Junior Strings
2024-2025 Application
www.gcyo-fl.org



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

All applicants for the beginning orchestra must be at least 3rd grade or above, no previous experience required. This program is for students who wish to study violin, viola, or cello in a supportive and engaging musical environment.

Name: _____ Instrument _____
Address: _____ City _____ Zip Code _____
School _____ 2024-2025 Grade _____ Birthday _____
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 _____

Applications must be received by Saturday, August 17, 2024.

All students supply their own instruments. Instruments **must be sized for the smaller students** by a reputable String Instrument Specialist. BarnesViolins in Boca Raton, 561-245-0555 or Miami String Haus in North Dade, 786-322-6891.

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. (Application fee waived for students with siblings currently enrolled in GCYO) Applications must be received by Saturday, August 17, 2024. The application fee is separate and is not included in the ensemble fee. There is no audition for beginning members. No cash please, checks or Zelle payments only.

Ensemble Fee and Fundraising Commitment

Ensemble fee for the season 9/7/24 thru 4/12/25 is \$410.00 and covers all rehearsals, sectional rehearsals, concerts and GCYO t-shirt. All rehearsals for the Starter Strings and Junior Strings are on Saturday afternoons. Starter Strings from 2:00 to 3:25 p.m. and Junior Strings from 3:35 to 5:00 pm. 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 \$410.00 due by 1st rehearsal 9/7/2024

_____ \$200 down payment due by 9/7/2024, balance of \$210 due by 10/26/2024

Payment via Zelle can be made by directing your payment to: 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

Payment via Zelle can be made by directing your Zelle payment to: 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: _____