

2025 Registration  
[www.gcyo-fl.org](http://www.gcyo-fl.org)



954-580-5070  
[info@gcyo-fl.org](mailto:info@gcyo-fl.org)

## Intermediate and Advanced Orchestra String Orchestra Summer Program 2025

Name: \_\_\_\_\_ Instrument \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Student's e-mail \_\_\_\_\_ Student's cell phone \_\_\_\_\_  
School: \_\_\_\_\_ 2025-2026 Grade \_\_\_\_\_  
Facebook \_\_\_\_\_  
School Music Director \_\_\_\_\_ Phone number \_\_\_\_\_  
Private Teacher \_\_\_\_\_ Phone number \_\_\_\_\_  
How long have you played your instrument? \_\_\_\_\_  
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) \_\_\_\_\_

As a GCYO summer student I will adhere to the rules and regulations of GCYO as stated in the Student/Parent Handbook.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Student's T-Shirts size (Youth) S M L XL or (Adult) S M L XL

### **All parent information is mandatory in case of emergency.**

Parent's/Guardian's Names \_\_\_\_\_  
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: \_\_\_\_\_  
Planned vacation schedule if any: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Registration Requirements

Current GCYO members do not need to audition for summer orchestra placement, applications are required. Please mail applications to the address shown below.

All applications are due by 6/16/25 with a \$200.00 non-refundable deposit. Full payment is due by 6/28/25.

\_\_\_\_\_ Completed application received by 5/30/25 program tuition is \$450.00

\_\_\_\_\_ Completed late application received after 5/30/25 program tuition is \$475.00

Please mail completed application, waiver, and check made out 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 to Gold Coast Youth Orchestra are non-refundable.

New applicants are required to audition for placement.

Auditions, via. ZOOM, will take place on Saturday, June 21, 2025, from 10 a.m. to 2 p.m.

Applicants will be e-mailed their audition times.

Audition requirements may be found here:

[http://www.gcyo-fl.org/the\\_program.html](http://www.gcyo-fl.org/the_program.html)

Rehearsals, and Concert take place here:

St. Stephen Evangelical Lutheran Church  
2500 NE 14th Street Causeway  
Pompano Beach, FL 33062

The summer program begins on Saturday, June 28, and concludes on Saturday, July 26 with a concert. Please drop off students 15 minutes prior to rehearsal time and be prompt with on time pick up.

Summer rehearsal schedule and times:

Tuesdays and Thursdays from 6:15 p.m. to 8:30 p.m.

Saturdays from 2:00 p.m. to 5:00 p.m.

Please keep a copy of your application!

Parental Consent and Waivers/Release from Liability Gold Coast Youth Orchestra and New Covenant Church

My child has permission to participate in the GCYO String Orchestra Summer Program 2025. By signing this form, I agree to support Gold Coast Youth Orchestra's policies as stated in the Student/Parent Handbook and I am in agreement with the waivers as shown below.

Printed Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_ Date \_\_\_\_\_

(Please print legibly)

Signature of Parent/Legal Guardian \_\_\_\_\_

**Waiver of Liability and Responsibility for Damage**

I agree that Gold Coast Youth Orchestra 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 Gold Coast Youth Orchestra 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 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, directors or council members, for the injury of my child, or damage to his/her property sustained in connection to GCYO's String Orchestra Summer Program 2025.

**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.

**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 prior consent from GCYO.

## 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:

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,

1. 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,
2. 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,
3. 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: \_\_\_\_\_