

# Southeastern Massachusetts Youth Orchestras Student Registration Form

Complete and give this form to our staff or email it to [youth@nbsymphony.org](mailto:youth@nbsymphony.org)

Please print clearly for all information.

Registrant's name: \_\_\_\_\_

Registrant's address: \_\_\_\_\_

City/Town/Zip: \_\_\_\_\_

Student's preferred pronouns (or "prefer to not say"): \_\_\_\_\_

Primary Instrument: \_\_\_\_\_ Years Played: \_\_\_\_\_

Secondary Instrument: \_\_\_\_\_ Years Played: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Member of School Band/Orchestra: Yes No If no, please explain: \_\_\_\_\_

Private Teacher (if applicable): \_\_\_\_\_

Primary Caregiver Name(s): \_\_\_\_\_

Primary Caregiver Phone(s): \_\_\_\_\_

Primary Caregiver Email(s): \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

**Parental/Guardian Consent:** My son's/daughter's membership in the Southeastern Massachusetts Youth Orchestra constitutes a willingness to appear in any promotions/public relations/social media not limited to photographs and videos taken and recording/tapes/CDs made in connection with all their functions; and releases the Orchestra and affiliated organizations from liabilities resulting from use of such photographs/videos and recordings and tapes/CDs. Furthermore, no remuneration can be paid or received. My son/daughter has my permission to participate in the scheduled activities of the Southeastern Massachusetts Youth Orchestra under the supervision of the Staff and Volunteers. This includes rehearsals, concerts and other events at announced locations and the necessary transportation to and from them. All persons participating in these activities are deemed to have waived all claims against the New Bedford Symphony Orchestra, the Southeastern Massachusetts Youth Orchestra, and their respective employees and volunteers, for injury, accident, illness, or death occurring during or by any reason of these activities; including damage caused to musical instruments. I agree to direct my child to cooperate and conform to directions and instructions of the SEMAYOs' personnel in charge of activities. Should it be necessary for my child to have medical treatment while participating in these activities, I hereby give the Southeastern Massachusetts Youth Orchestras' personnel permission to render medical treatment deemed necessary and appropriate by a physician. I understand that the Southeastern Massachusetts Youth Orchestra has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

Please indicate any allergies and any medication allowed to be given to student:

Signature of Student: \_\_\_\_\_

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