



Gifford Youth Orchestra
P.O. Box 691166, Vero Beach, FL 32969
Web Page - gyotigers.org
Email - linlou52@gmail.com

Enrollment Application

Program: Violin

Confidentiality: Any confidential information requested is for our records and for the funding that the orchestra receives. Your answers are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Student Information

First Name

Middle

Last Name

Nick Name

Date of Birth

Sex (Male or Female)

School

Grade

First Contact Person:

First Name

Middle Initial

Last Name

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work _____

Email _____

Second Contact Person:

First Name

Middle Initial

Last Name

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work _____

Email _____

Date: _____

Student Medical Information:

Student Name: _____

Physician: _____

Telephone Number: _____

Medical Conditions and/or Allergies:

Medications:

Insurance Company & Policy Number:

Name

Policy Number

Emergency Contact Persons:

First Name Last Name

Telephone Number

First Name Last Name

Telephone Number

First Name Last Name

Telephone Number

Is there any other information concerning you or your child, including health or living situation that you feel we should know? Yes _____ No _____

If yes, please explain:

Date: _____

Student Name: _____

Are there any factors that you are aware of that will prevent/affect your child's ability to participate in daily activities of the program? Yes _____ No _____

If yes, please explain:

Parental Expectations: What do you hope you or your child will gain from the Orchestra's School of Violin Program?

In consideration of my child's participation in the Gifford Youth Orchestra's School of Violin program, I agree to the following: (please initial after each item)

1. I agree that I will help monitor my child's/children's home practice time to ensure that they are ready to participate in the Spring Recital and the GYO's Annual Concert in November and any other performances. _____ initial

2. I agree to attend or have my child/children attend class on time at the appropriate hour designated by the Dean of Violin OR to call to let us know they won't be in class. _____ initial

3. I agree that my child/children will attend classes, lessons, and/or rehearsals and actively participate in the program. _____ initial

4. I agree to work with the Parents Action Committee (PAC) to actively work with other parents/members to raise funds for the free and reduced scholarships. This includes attending at least 80% of the regular monthly meetings, actively soliciting and securing sponsors and volunteering at GYO's Violin events and 90% of the special meetings leading up to any recital, performance or concert. I have read and understand what is expected of me in exchange for a scholarship for free violin lessons: _____ initial

5. I acknowledge that the GYO's Parent Action Committee meets every 3rd Tuesday of the month at the Gifford Community Center from 6:00 pm to 7:00 pm. I will attend these meetings and actively participate to continue to receive free violin lessons for me or my child/children. _____ initial

6. I agree that if my child/children display disciplinary problems, non-participatory attitudes of disruptive behavior, that the GYO reserves the right to suspend and/or dismiss my child from the program after a parent/teacher/administrator meeting. Hitting any other student will result in immediate suspension. I will make sure my child understands. _____ initial

7. I understand that if my child is suspended or dismissed, there will be a probation period of 30 days during which time the Gifford Youth Orchestra's committee and staff will determine the suitability of my child to participate in what the School of Violin provides. At the conclusion of this period or before, a representative of the Violin Coaching Program may discuss with me the appropriateness of my child's continuation in the program. _____ initial

8. I understand that only parents and children willing to commit to and continue abiding by the Gifford Youth Orchestra's Violin Department's rules and regulations will be admitted to the Program. _____ initial

9. I hereby consent for my child to participate in the Violin Coaching Program and I agree to release and discharge the Gifford Youth Orchestra, its officers, agents, partners, staff and employees from all liability, claims, damages, suits, judgments, settlements, involving personal injury and property resulting from or arising in connection with the School of Violin Program. _____ initial

10. I give Gifford Youth Orchestra's School of Violin and its staff permission to hug, compliment and award me or my child for any good behavior or outstanding accomplishment he/she exhibits while in class. _____ initial

Signature of Parent/Guardian: _____

The signing and returning of this application does not ensure acceptance into this program.

I have read, understand and agree to the ten (10) statements listed above.

Signature of Parent/Guardian: _____

Date: _____

Gifford Youth Orchestra's Violin Program
2021 Parental Release Form

Student Name: _____
 First Middle Last

Student Age: _____ Sex: _____

Medical Release Permit: I authorize the Gifford Youth Orchestra (GYO) to obtain any emergency care that may become reasonably necessary in the course of the event or incidental to such event for my child. I also agree that the expenses for such transportation and treatment shall not be borne by the Gifford Youth Orchestra or their employees. I agree that I will be responsible to reimburse the Gifford Youth Orchestra for such expenses within 60 days from the date I am notified of such expenses.

Signature: _____ Date: _____

Marketing Release: I hereby give specific permission for the GYO to use any pictures, videotaping, photographs, or statements, in any brochures, catalogues, advertisements, websites, television broadcasts, audio presentations, or any other printed, audio, or televised material for which it is the author or caused to have printed or produced of my child. We will not publish any addresses or last names unless you give us specific approval. This statement shall be construed as a specific release of any and all liability from The GYO or its parent corporation, The Gifford Florida Youth Orchestra, Inc. And Dr. Crystal Bujol, or any Administrator of the Orchestra, for the use or publication of any pictures, televised episodes, audio recordings, photographs, You-Tube, or the like, or statements in which I and/or my child/children may be depicted.

Signature: _____ Date: _____

Please print here how you want you or your child's name to appear in any of our marketing:

Transportation Release: I hereby give specific permission for the Gifford Florida Youth Orchestra, Inc., and all its partners to provide to me or my child appropriate transportation to and from GYO Violin functions, events, classes, or outings. Appropriate transportation shall be defined by the Director of Programs, the Artistic Director or the Administrative Assistant or participating parents as events, classes, or outings for the Gifford Youth Orchestra Violin Program when such need arises. This statement shall be construed as a release of any and all liabilities of the Gifford Florida Youth Orchestra, Inc., the Gifford Youth Orchestra, and its employees, board, or representatives from any harm, injury, or accident incurred while participating in such an event.

Signature: _____ Date: _____

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Guidance and Counseling: I hereby give specific permission for the Gifford Youth Orchestra Violin Program to provide me or my child appropriate guidance and advice by members of the Gifford Youth Orchestra staff. This statement shall be construed as a release of any and all liabilities of the Gifford Florida Youth Orchestra, Inc., the Gifford Youth Orchestra's Violin Program, staff, and their employees, board, or representatives from any harm, injury, or accident incurred while participating in such an event.

Signature: _____ Date: _____

Funding Demographics Information:

Parent/Guardian:

First Middle Initial Last

Address

City State Zip

Employer Occupation

Family Setting:

Both Parents: _____ Single Parent: _____ Grandparent: _____
Foster Care: _____

Household Type:

Single Family Dwelling: _____ Apartment: _____ Group Home: _____
Foster Home: _____ Other: _____

Household Income: _____