



Hamilton Philharmonic Youth Orchestra
2016-17 Musicians Registration

Please PRINT CLEARLY – ALL INFO IS TO BE COMPLETED AND FORMS SUBMITTED BY 09/17/2016

Last Name:		First Name:		New to HPYO <input type="checkbox"/> Returning <input type="checkbox"/>	
Instrument:		Age:		Birthdate (DD/MM/YYYY) / /	
Contact Information					
Address:					
City		Province		Postal Code	
Home Phone () -		Cell () -		Work () -	
Email (frequently checked)(for use with HPYO notification calendar)					
Education Information					
School:		Grade/Year in 16/17:		School Music Teacher:	
Private Music Teacher:		Phone () -		Email	Years of Study:
Other Instruments (Years of Study)					
()		()			
()		()			
()		()			
Emergency Information (required information)					
Musician Health Card Number:			Expiry Date: /		
Emergency Contact Name:			Phone Number: () -		
Allergies, Medical Conditions or Special Dietary Requirements:					

Parent/Guardian Information Form (Required)

Last Name		First Name	
Address:		City:	Postal Code:
Email (frequently checked)		Occupation	
Phone Number: () -	Cell Number: () -	Work Number: () -	
Additional Parent			
Last Name		First Name	
Address:		City:	Postal Code:
Email (frequently checked)		Occupation	
Phone Number: () -	Cell Number: () -	Work Number: () -	
Volunteering			
<input type="checkbox"/> Help out at weekly rehearsals <input type="checkbox"/> Volunteer at concerts and performances front of house duties and back stage chaperones <input type="checkbox"/> Transport percussion instruments to concert venues in my van or SUV		<input type="checkbox"/> Help with mail outs or other administrative tasks as necessary <input type="checkbox"/> Participate in various Parent Committees (Gala; Tour;) <input type="checkbox"/> Act as the Orchestra Librarian or help manage the music library	
Other, please specify: (ex: Website; graphic design etc.)			

The HPYO is a not-for-profit, charitable organization, run by a small staff and volunteer board of directors. Our by laws specify that parents of musicians under 18 years old are members.

To keep membership fees financially accessible, we require that ALL parents of musicians make a commitment to volunteering in some form for up to 10 hours per season to keep membership fees affordable. Information regarding specific dates of activities and volunteer opportunities and opportunity to sign up for volunteering will be circulated at the Parent Orientation Meeting to be announced.

Photography Release

I hereby give permission for the Hamilton Philharmonic Youth Orchestra to use photographs and/or video footage taken by the Hamilton Philharmonic Youth Orchestra, at HPYO's events, concerts, and rehearsals.

I hereby consent to the use of these photographs and/or videos of my child/dependent/self, and/or any copies of this photograph in any editorial and/or promotional material produced and/or published by the Hamilton Philharmonic Youth Orchestra.

I agree that these photographs and/or videos will be the exclusive property of the Hamilton Philharmonic Youth Orchestra and that all reproduction rights are handed over to the Hamilton Philharmonic Youth Orchestra to use the photos in any medium in perpetuity.

I understand that signing this release does not guarantee publication of any photo. I understand that there will be no compensation or remuneration for the use of the photo.

The photographs and/or videos will be included in the Hamilton Philharmonic Youth Orchestra photography archives, website, and promotional materials.

I understand the Hamilton Philharmonic Youth Orchestra will not identify students in photographs and/or videos by name without prior consent.

Musician members over the age of 18 may sign for themselves; musician members under 18 must have this release signed by their parent or guardian.

AGREED TO AND ACCEPTED BY:

Musician Name	Musician Signature	Date
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Adult/Guardian Name	Adult/Guardian Signature	Date
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HPYO CODE OF CONDUCT STATEMENT 2016-2017:

I, _____
(Musicians Name), and

(Parent(s) Name(s) if musicians under age 18)

have read, understand and agree to abide by the policies of the Hamilton Philharmonic Youth Orchestra and its associated ensembles as described in the HPYO Code of Conduct 2016-2017¹. I agree to abide by the guidelines and will conduct myself at all times throughout my tenure with the organization in accordance with this policy.

I understand that failure to comply with the policy at all rehearsals, concerts, retreats, events, and tours during the 2016-2017 season may result in my removal from the Hamilton Philharmonic Youth Orchestra with no refund of membership fees.

Signature Musician/Member _____
Date _____

Signature Parent (signature of Custodial parent(s) or Legal Guardians if musician is under 18 years of age):

(1) _____

(2) _____

Date _____

¹ www.HPYO.com/audition

Medical consent/information form

Voluntary disclosure of any health issue (mild or serious) is strongly encouraged.

Musician Name: _____

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____

Other

OHIP number: _____ Expiry: _____

Physician: _____

Special dietary needs: _____

Allergy _____

Severity _____

Other health concerns _____

Medial Consent

I hereby give my consent to the treatment of minor medical problems by the chaperones of the Hamilton Philharmonic Youth Orchestra with the understanding that a physician will be called if necessary. In the case of an emergency, I hereby consent to have the above named musician treated by an attending physician.

Travel/Activity Consent

I hereby give my consent for the above named musician to participate in the planned activities with the Hamilton Philharmonic Youth Orchestra from September 1, 2016 to August 31, 2017. I also agree that the chaperones cannot be held responsible for loss or damage to the above named musician's instrument(s). It is the responsibility of the Parent/Guardian to have their ward's instruments insured against loss or damage.

Signature (parent/guardian/musician)

Date
