



GMYS Registration Form



This form should only be used for Symphony, Concert Orchestra/Band, Strings, and Young Mozarts

Student's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Is Child Proficient in English?* Yes No

Instrument _____ **Years of Study** _____ **Private Teacher** _____

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole None Other _____

Child's Social Security number*: _____ No SSN; prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):* an Individualized Family Service Plan (IFSP; if under 3 years old)
 an Individualized Education Plan (IEP) from the school system a Section 504 Plan
 a medical diagnosis from a doctor a diagnosis by a state certified/licensed professional (ex., psychologist)
 disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Delay (under 5 only) | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | |

Shirt Size (circle one) YS, YM, YL, AS, AM, AL, AXL **All new students must purchase a GMYS Polo Shirt**

Tuition: \$350 WITH this Form (does not include polo shirt) Polo Shirts- \$15

Sibling Discount- Deduct \$90 from each additional student

Tuition is due upon submission of this Registration Form unless a Financial Aid Form is submitted with Registration Form. Students MUST be registered prior to participation in any GMYS events, classes, or rehearsals. Please mail registration forms and payment to GMYS, 5805 Blue Lagoon Dr. Ste. 132, Miami, FL 33126.

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. All student records will be kept confidential.

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____

For Staff Use Only (MUST BE COMPLETED)

Ensemble (circle one): Young Mozarts Strings Concert Orch Concert Band Symphony

Financial Status (circle one): Paid in Full Payment Plan Full Scholarship Partial Scholarship

*Required fields

Permission to Transport

Comprehensive Parental/Guardian Consent Form and Liability Waiver

I, (Parent/Guardian) _____ grant permission for my child _____ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connections my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/ Guardian Signature _____ **Date** _____

Emergency Contact Information and Authorization Pick-Up (Children will not be released to any person not listed below)

NAME	Relationship	Place of Employment	Work Number	Beeper/Cell Number

Walk-Home Authorization:

Days _____ Exact Times _____

I understand that GMYS is not responsible for the care of my child after the times listed above.

Participant Medical Information:

Please state below any medical or behavioral conditions your child has or has had that should be considered . Include any medication which needs to be administered while attending the program. (Allergies, present, medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, are they any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **If none, please write N/A.**

Medical Verification and Consent:

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participants physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participants legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury caused by the negligence of GMYS and or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Signature _____ **Date:** _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

Greater Miami Youth Symphony Parent Participation Agreement

Greater Miami Youth Symphony (GMYS) is a non-profit organization run by the parents of students enrolled in GMYS. Parent participation is extremely valued and essential to the success of GMYS. Each family is required to contribute 10 hours of their time to the organization per year or to donate \$100 to opt out of the 10 hour obligation. Participation hours will be tracked in each orchestra. Please read and agree to the following requirements when enrolling a student in the GMYS:

1. Attend at least one of the two mandatory parent annual meetings held in May and September. (REQUIRED)
2. Each family will sell one ad for the Playbill or solicit a donation for GMYS.
3. Participate in one fundraising event (example Macy's) by having your children perform or sell a minimum of \$25 worth of tickets. (2 hours)
4. Sell at least 2 boxes of chocolates for fundraising (2 hours).
5. Ensure that your children participate in at least 1 outreach program. (3 hours)
6. Assist at or donate food for the end of the season concert. (3 hours)
7. Participate in GMYS Booster club fundraising activities.
8. Ensure that your children participate in annual collaboration concerts with any other youth orchestra, and participate in joint hosting efforts, as needed.

I have read and understand the parent participation requirements. If I am not able to commit to fulfilling the required 10 hour obligation through participation in the above outlined events, I will pay a \$100 fee to opt out the 10 hour requirement. Obligation is per family, not per student.

Information:

Name _____ Signature _____ Date _____

Your Children's Name _____ Ensemble/Class _____

Email _____

Home Phone _____ Cell _____

I prefer to pay \$100 to opt out the participation requirement _____ (Please Initial)
Please make check payable to GMYS.

Parents who fulfill their parent participation agreement will receive free tickets to their child's next season's concerts.

Students will receive community service hours for participating in the above-referenced events.

Attendance Contract

Attendance to **ALL** rehearsals and concerts is vital to the success of the GMYS program. The true musical and educational experience of the organization is dependent upon having every child at every rehearsal. Students should arrive **15 minutes prior** to the scheduled start of each rehearsal to tune and warm up. Rehearsals will end on schedule unless otherwise notified. Please report all absences in advance to the GMYS office 305-267-3002 or by email at info@gmys.org. Unexcused absences are those absences not reported to GMYS before rehearsal, excluding emergencies and extenuating circumstances. **Students with more than two unexcused absences in one semester will not be eligible to perform in the December or May concerts, will not be able to apply for summer camp employment, will be ineligible for current and future scholarships from GMYS, and will not receive community service hours from GMYS.** Students with an unexcused absence at a concert will be dismissed from GMYS.

Students can be placed on probation for the following reasons. The orchestra director will establish terms of probation.

- Students that were ineligible to perform in a concert because of attendance.
- Tardiness or absence from dress rehearsal
- Excessive tardies (more than three tardies) to weekly rehearsals

Any student placed on probation can be declared ineligible to advance to the next orchestra, i.e. a Concert student with poor attendance might not be eligible to audition for Symphony.

Seating can be affected by any unexcused absence or tardy and can also be affected by probation.

Students are responsible for signing in at rehearsals with the designated personnel.

Students with perfect attendance will be eligible for various gifts or honors.

Rehearsal cancellations by GMYS due to severe weather conditions will be posted on the website and recorded on the office telephone.

Dress rehearsals for concerts will take place the day of each concert prior to the performance. These rehearsals are the only opportunity for each orchestra to adapt to the acoustics and logistics of the stage. It also gives vital opportunity for each player to experience the venue in which the concert will take place. Please note that:

* Dress Rehearsals and Concerts are **mandatory**.

* Anyone who misses Dress Rehearsal **will not be allowed to perform in the concert**.

* Any member who has an un-excused absence from a Dress Rehearsal or Concert **will be dismissed from GMYS for the remainder of the year**.

Student Signature

Parent Signature

Date

Concert dress is strictly enforced. Failure to comply may result in a performer's loss of privilege, at the Conductor's discretion.

Young Mozarts, String and Concert Orchestra/Band

Girls: Long sleeved white blouse, long black skirt, black shoes.

Boys: Long sleeved white shirt and tie, black trousers, black shoes and socks (NO tennis shoes, jeans or white socks!)

Symphony Orchestra

Girls: Long black GMYS concert dress, black shoes.

Boys: Black tuxedo, black shoes and socks, white shirt, black bow tie.

***Community Service Hours will only be given out at the end of the fall and spring semesters.**