



Youth Symphony Orchestra
Dr. Pu-Qi Jiang, Music Director – Conductor

Application
2010-2011
(Includes China Tour)

Deadline for submitting applications is March 29, 2010

Audition date – April 10, 2010
10:00am-6:00pm

Complete all fields. If any questions do not apply to you, write “N/A” in the space provided. All information is confidential.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

Applicant’s Checklist: I have attached each of the following items.

- Application fully completed (see above)
- Photocopy of birth certificate, driver’s license, or passport
- Non-refundable application fee of \$25 (checks made payable to GPAC)
- Passport-size photo

Mail or deliver applications to the address below. Office Hours: Mon-Fri 10:00 am to 5:00 pm.
Faxed applications will not be accepted

Germantown Performing Arts Centre
Tania Castroverde Moskalenko-Executive Director
1801 Exeter Road
Germantown, TN 38138
(901) 751-7500
www.gpacweb.com

GYSO Student Musician Information

Instrument: _____ Years of study: _____

Name: _____

Address: _____

City _____ State: _____ ZIP: _____

Primary Phone: _____ email: _____

Private Music Teacher's Name: _____

Address: _____

City _____ State: _____ ZIP: _____

Teacher's Phone: _____ email: _____

School Music Teacher's Name: _____

School Address: _____

City _____ State: _____ ZIP: _____

School Teacher's Phone: _____ email: _____

Experience in orchestra(s) or instrumental ensemble(s): _____

(Resume and list of repertoire are acceptable, but not required.)

I agree that, if I am accepted into the GPAC Youth Orchestra, I will read and follow the Code of Conduct that the GYSO has established to ensure that I, and all other members of the GYSO, will have the best opportunity to learn and grow as musicians.

Student Signature: _____ Date: _____

GYSO Parent/Guardian Information

Father/Male Guardian:

Name: _____

If address is the same as the student's, check this box and skip to phone numbers and email

Address: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother/Female Guardian:

Name: _____

If address is the same as the student's, check this box and skip to phone numbers and email

Address: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I agree that if my child is accepted and joins the GPAC Youth Orchestra, I will pay the required fees and/or submit a financial aid application by the published due dates. I understand that payment is due and payable on or before September 1, or at the first rehearsal if joining after the season start. I understand that acceptance is provisional until all required forms (see registration checklist) and tuition arrangements/payments are completed and approved. I understand and agree to support my child's involvement in the GYSO.

Parent Signature: _____ Date: _____

Health Information and Consent for Emergency Treatment

Student's Name: _____ Date of Birth: _____

Parent/Guardian Information:

Father: _____ Mother: _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Non-Parent Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Health Insurance Company Name: _____

Subscriber Number: _____ Group Number: _____

Insurance Co. Phone: _____ Date last Tetanus Shot: _____

Medications Currently Taken

Any physical or behavioral medical alerts, allergies to food or medication, or other health information that may be important. Attach additional sheets or information if needed. All medical information is confidential under HIPAA and will be kept confidential.

Pursuant to the authority vested in me as parent/guardian of _____, I do hereby authorize a representative of the GPAC Youth Symphony Orchestra to exercise for me on my behalf, all rights and duties with reference to, or in consenting to, appropriate care and treatment, whether at a doctor's office or hospital, or otherwise, and referral as necessary for medical and/or surgical treatment, including anesthetics, and hospitalization, including care and treatment by any hospital staff surgeon, physician, or radiologist, which he or she may deem necessary for the emergency care of the above named minor.

Parent Signature: _____ Date: _____

**GPAC Youth Symphony Orchestra
Permissions and Waiver**

Application Form 2010-2011 Season

Student's Name: _____

Permissions to Use Images

I (we), parent(s)/guardian(s) of the member named above, do hereby give permission for the GPAC Youth Orchestra and the Germantown Performing Arts Centre, to photograph, videotape, and audiotape my (our) child while he/she attends or participates in GYSO sponsored activities. I understand these reproductions may be used in print and electronic media providing information about the GPAC Youth Symphony Orchestra, or in any print or electronic media created for or as a result of GYSO performances.

Signature: _____ Date: _____

Signature: _____ Date: _____

Waiver of Liability

I/(we), parent(s)/guardian(s) of the member named above, do hereby for my child, myself, my heirs, executors and administrators, remise, release, and forever discharge GPAC Youth Symphony Orchestra, Germantown Performing Arts Centre, and the City of Germantown, its officers, directors, employees and agents of each of the forgoing acting officially or otherwise, from any and all claims, demands, actions, or causes arising from attendance at, participation in, and transportation to or from GYSO activities.

Signature: _____ Date: _____

Signature: _____ Date: _____

Member Commitment

I accept membership in the GPAC Youth Symphony Orchestra and will abide by the standards and rules for membership as stated in the handbook.

Signature: _____ Date: _____

Parent Commitment

I/(we), parent(s)/guardian(s) of the member named above, support his/her membership in the GYSO and will help him/her to meet all obligations and responsibilities therein.

Signature: _____ Date: _____

Signature: _____ Date: _____