

All Florida Youth Orchestra Inc.
1708 North 40th Avenue
Hollywood, FL 33021
954-962-5666
954-962-8080 fax
FYOmusic@gmail.com



Musicfest 2019 Summer Camp
Direct Camp Line: 954-913-9331
DawnJanosik@gmail.com
Camp Location: To Be Announced

MUSICFEST 2019 REGISTRATION

This original form, along with the Medical and Parental Consent forms must be filled out and MAILED along with your deposit to: FLORIDA YOUTH ORCHESTRA – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321

ALL FUNDS PAYABLE TO “FLORIDA YOUTH ORCHESTRA” ARE NON REFUNDABLE

Name _____ Age _____ 2019/2020 School Grade _____

Parent(s) Name (mom's) _____ (dad's) _____

Address _____ City _____ ZIP _____

E-Mail **PLEASE** write clearly _____

1 Free T-Shirt Included . Size: Youth S M L or Adult S M L

I wish to purchase additional shirts @ \$15 each Youth S M L _____ qty. or Adult S M L _____ qty.

Mom's Cell Phone _____ Dad's Cell Phone _____

(PLEASE CHECK ONE) Instrument that you play: _____ Flute _____ Oboe _____ Violin _____ Viola _____ Cello _____ Bass

Name of Private Teacher _____ Teacher's Phone _____

How long have you studied your instrument? _____ Years _____ Months

Are you currently a student in FYO? If yes what division are you in? Alpha Silver Chambers Repertory Flute Symphony Principal

What Piece are you practicing on now? _____

Name and NUMBER of the Method Book are you playing out of? _____

_____ I would like to apply for the Honors Group (Book 5 or above, acceptance by audition only) *Audition piece will be provided once registration received*

Musicfest fee is \$425. Please send ALL forms (registration, medical permission and parental consent) along with your \$225 deposit (balance due of \$200 on or before June 1st) to FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321 BY MAY 15th.

Make Checks Payable to Florida Youth Orchestra
DO NOT FAX THE FORMS – THEY MUST BE ORIGINALS

The Camp Fee is \$445 if paying by Credit Card _____ American Express _____ Master Card _____ Visa

Name on Card _____ Billing ZIP Code _____

Credit card number _____

Expiration Date _____ Security Code (MUST HAVE) _____

I authorize Florida Youth Orchestra to charge my card for a total of \$ _____

Signature

Date Received _____ Paid \$ _____ Balance Due \$ _____ Check # _____ C.C. _____

Date Received _____ Paid \$ _____ Balance Due \$ _____ Check # _____ C.C. _____

All Florida Youth Orchestra Inc.
1708 North 40th Avenue
Hollywood, FL 33021
954-962-5666
954-962-8080 fax
FYOmusic@gmail.com



Musicfest 2019 Summer Camp
Direct Camp Phone: 954-913-9331
DawnJanosik@gmail.com
Camp Location: To Be Announced

MUSICFEST 2019 MEDICAL PERMISSION

**This original form along with the Registration and Parental Consent forms must be filled out and MAILED
To FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321**

Do Not Fax The Forms – They Must Be Originals

I _____ the parent or guardian of _____

Residing at _____
Address City ZIP

Hereby give permission for my child to receive any medical treatment deemed necessary in the event of a medical emergency while participating in the **Florida Youth Orchestra, Musicfest Summer Camp** from June 10th – 21st 2019

Signature of parent or guardian Date

Name _____ DOB ____/____/____ Age _____

Allergies _____

Medical Notes: _____

Parent or Guardian: _____

Parents' Telephone: _____ 2nd _____

Parent's email _____

Medical Insurance _____ Telephone _____

Dr. Name: _____ Telephone _____

Date Received in FYO office _____

All Florida Youth Orchestra Inc.
1708 North 40th Avenue
Hollywood, FL 33021
954-962-5666
954-962-8080 fax
FYOmusic@gmail.com



MusicFest 2019 Summer Camp
Direct Camp Phone: 954-913-9331
DawnJanosik@gmail.com
Camp Location: To Be Announced

MUSICFEST 2019 Parental Consent for Minor/ Adult Participant

This original form along with the Registration and Medical forms must be filled out and MAILED to FYO Treasurer – Myrna Dixon – 10307 NW 70 Street – Tamarac, FL 33321

Do Not Fax The Forms – They Must Be Originals

Release from Liability All Florida Youth Orchestra Inc. DBA Florida Youth Orchestra
June 10 through 21, 2019

The undersigned is the parent of a child attending the Florida Youth Orchestra's MusicFest Summer Camp. By signing this form, I agree to hold All Florida Youth Orchestra, Inc., harmless for any casualty, calamity or negligence that might be encountered during this Musicfest Summer Camp. I hereby agree that I, my child, my assignees, heirs, guardians and legal representatives, will not make a claim against FYO's staff, officers or directors collectively or individually, or any of the volunteer workers, for the injury of my child, or damage to his/her property sustained in connection to the All Florida Youth Orchestra, Inc., Musicfest Summer Camp. I understand that All Florida Youth Orchestra Inc. is a non-profit organizations made up of volunteers who are serving for the benefit of my child. Every precaution will be taken to insure the safety and well-being of my child.

Therefore I assume the risk in order that my child, gain the benefit by his/her participation in this camp. Further, if in the event that I bring an action against the All Florida Youth Orchestra, Inc. or their insurance companies, I pledge to bring it through the arbitration process first and to choose Broward County, Florida for venue.

_____/_____
Name of Child Date Signed

_____/_____
Print Name of Parent Signature of Parent

Date Received in FYO office _____