



Summer String Academy & Summer FluteFest

Direct Camp Line: 954-913-9331 DawnJanosik@gmail.com

**NEW Camp Location: First Baptist Church of Ft. Lauderdale
301 East Broward Blvd., Ft. Lauderdale 33301**

Registration - Page 1 of 3

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 _____ Boy / Girl Age _____ 2022/2023 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 CIRCLE ONE) Instrument that you play: Bass Cello Flute Violin Viola

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 that 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*

Camp fee is \$350. \$175 non-refundable deposit due by May 23rd. Your balance of \$175 is due in full by June 13th

**Make Checks Payable to Florida Youth Orchestra
mail to FYO - Myrna Dixon, 10307 NW 70 Street, Tamarac, FL 33321**

The Camp Fee is \$365 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 credit card _____
Signature

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

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Medical Permission - Page 2 of 3

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, Summer Camp** from June **13th – 24th 2022**

 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 _____



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Parental Consent for Minor Participant - Page 3 of 3

**Release from Liability All Florida Youth Orchestra Inc. DBA Florida Youth Orchestra
and First Baptist Church of Fort Lauderdale**

June 13th - June 24th

The undersigned is the parent of a child attending the Florida Youth Orchestra's Summer Camp. By signing this form, I agree to hold All Florida Youth Orchestra, Inc., and First Baptist Church of Fort Lauderdale harmless for any casualty, calamity or negligence that might be encountered during this 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., Summer Camp. I understand that All Florida Youth Orchestra Inc. is a non-profit organization 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