



Summer String Academy & Summer FluteFest

DirectCampLine:954-913-9331 DawnJanosik@gmail.com

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

Registration - Page 1 of 2

Please fill out the entire front and back - DO NOT leave any line blank

ALL FUNDS PAYABLE TO FLORIDA YOUTH ORCHESTRA or FYO ARE NON-REFUNDABLE

Student Name _____ **Girl** / Boy Age _____ 2024/2025 School Grade _____

Mom's Name _____ Dad's Name _____

Mom's Cell # _____ Dad's Cell # _____

Address _____ City _____ State _____ zip _____

Email **PLEASE PRINT CLEARLY** _____

We use this to communicate with you - please be sure to check it regularly

1 T-Shirt is included with your tuition. Please indicate your size: Youth **S** **M** **L** OR Adult **S** **M** **L**
I wish to purchase additional t-shirts @ \$15 each Qty _____ Youth **S** **M** **L** OR Adult **S** **M** **L**

(PLEASE CIRCLE ONE) Instrument that you play: Bass Cello Flute Violin Viola

Name of your private teacher _____ Phone # _____

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

What piece are you practicing now? _____

Name and NUMBER of the book you are playing from _____

Are you currently a member of FYO? Which Division? **Alpha Silver Chamber Repertory Symphony Principal**

Would you want to be auditioned at camp to join FYO? YES NO

Camp fee is \$475 (\$275 non-refundable deposit due by May 15th Your balance of \$200 is due by June 10th)

Make Checks Payable to Florida Youth Orchestra

MAIL forms and check to: FYO - Myrna Dixon, 10307 NW 70 Street, Tamarac, FL 33321

DO NOT mail to the Church

Return the entire page - DO NOT TEAR OFF THE BOTTOM

The Camp Fee is \$495 if paying by Credit Card _____ AmericanExpress _____ MasterCard _____ Visa _____

Name on Card _____ Billing ZIP Code _____

Creditcard number _____

Expiration Date _____ Security Code (MUST HAVE) _____

I authorize Florida Youth Orchestra to charge my credit card: _____

\$275 deposit or the full \$495. **CIRCLE ONE**

Signature

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

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

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 17th - June 28th

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 _____

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

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.

Signature of Parent

DATE RECEIVED BY FYO _____