

**Huntsville Youth Orchestra**  
**Tennessee Valley Music Festival 2019 Registration Form**  
**Track 1: Discovery (Nimble Fingers)**

**Student Information:**

Student: \_\_\_\_\_ Preferred Instrument \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Siblings participating in HYO: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Home phone \_\_\_\_\_  
School: \_\_\_\_\_ School System: \_\_\_\_\_ Private Teacher and / or band director: \_\_\_\_\_  
Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

**Parent Guardian Information:**

Preferred Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
Parent/Guardian #1 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian #2 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**HYO Medical Release and Information:**

In the event that I am unable to be reached, I hereby authorize medical or surgical treatment of illness or accidental injury for my child. I accept all responsibility for all occurrences during HYO events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Sponsor Name \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Contact and phone number: \_\_\_\_\_

Are there any medical conditions we should be aware of? Medications? If so, please describe:

\_\_\_\_\_

**Conduct:** It is the expectation of the Huntsville Youth Orchestra that all students participating in the orchestra conduct themselves appropriately during the year. Students are expected to follow guidelines set forth by the HYO Staff and the handbook. Participants are expected to treat our facility and its contents with the utmost care.

Any student who is observed abusing or defacing any property will be asked to leave the rehearsal. There will be no refund of tuition in the event a student is expelled due to inappropriate behavior.

Any type of illegal drug use to include, but not limited to, the smoking of cigarettes will lead to expulsion.

Students will respect each other and staff at all times.

**Student Signature and Date:** \_\_\_\_\_

**Parent Signature and Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_

## Payments and Other Information

### Orchestra Fees

Session I (Nimble Fingers, Nimble Minds) \$105 (\$115 if registered after May 19)

### Calculate Your Payment

**Orchestra Fee** ..... \$ \_\_\_\_\_

**Donation to TVMF Scholarship Fund** ..... \$ \_\_\_\_\_

**Multiple Child Discount** (subtract \$20.00 for each additional child) \$ \_\_\_\_\_

(Discounts per additional child are available to families with more than one child attending camp. First child is full price.)

**TOTAL** ..... \$ \_\_\_\_\_

**Credit Card Convenience Fee (Only if using a credit card for payment)**.....\$15.00

**GRAND TOTAL** ..... \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_

May be mailed to: HYO / P. O. Box 2532 / Huntsville, AL 35804

Check #: \_\_\_\_\_

More information at 256-880-0622 or hyo.exdir@gmail.com

Received by: \_\_\_\_\_

Note: Refunds are given only for extreme circumstances. \$50 of fee is a non-refundable registration fee.

## Other Information and Permissions

**Please mark size(s)- for student and for optional extra shirt(s)**

Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

**Publicity Release:** I give permission for any photos or videos of my student, \_\_\_\_\_, taken at rehearsals or concerts to be used for publicity purposes for HYO or TVMF events.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Ethnic Group:** For Grant writing purposes, please check one.

White  African Amer.  Asian  Native Amer.  Hispanic  Other