



**Musique Sur La Mer Orchestras - REGISTRATION Season Years: 2017 - 2018**  
**PLEASE PRINT CLEARLY**

Student \_\_\_\_\_

Instrument \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_\_\_ M F

School \_\_\_\_\_ School Music Program \_\_\_\_\_

School Music Teacher \_\_\_\_\_ Email \_\_\_\_\_

Private Music Teacher \_\_\_\_\_ Email \_\_\_\_\_

Email Address for Orchestra Communication: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother** - Name \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_

Cell Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Address (if different than the student) \_\_\_\_\_

**Father** - Name \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_

Cell Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Address (if different than the student) \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents - name 2 - Parents will be called first)**

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Allergies to Food or Drugs \_\_\_\_\_

Health insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**RETURNING STUDENTS ONLY (enrolled in previous concert season):**

\$449 MUSIQUE SUR LA MER YOUTH SYMPHONY ORCHESTRA - RETURNING STUDENTS

\$99 MUSIQUE SUR LA MER HONORS CHAMBER/JAZZ ORCHESTRA - (must be concurrently enrolled in YSO)

\$249 LA PETITE MUSIQUE TRAINING ORCHESTRA (LPMTO) - RETURNING STUDENTS

**NEW STUDENTS ONLY:**

\$579 MUSIQUE SUR LA MER YOUTH SYMPHONY ORCHESTRA - **NEW STUDENTS** (audition required)

\$129 MUSIQUE SUR LA MER HONORS CHAMBER/JAZZ ORCHESTRA - (must be concurrently enrolled in YSO)

\$379 LA PETITE MUSIQUE TRAINING ORCHESTRA (LPM) - **NEW STUDENTS**

**ALL STUDENTS:**

\$25 early registration discount if paid in full on or before June 11th

MSLMO GUILD DONATION Amount Enclosed \$ \_\_\_\_\_ OR PLEDGING \$ \_\_\_\_\_ due by NOV. 1st

Please Circle Shirt Size Child's S M L Adult S M L XL (1 free tee for new for new musicians)

\$ \_\_\_\_\_ PAID BY: CHECK NUMBER # \_\_\_\_\_

OR CREDIT CARD (check one)  Visa  MasterCard (Please complete credit card information on the back of this form if paying by credit card)

**PAYABLE & MAIL TO: Musique Sur La Mer Orchestras, Inc. 6475 Pacific Coast Highway, Suite 371, Long Beach, CA 90803**

**XX** \_\_\_\_\_ **INITIAL Cancellation Policy: MSLMYSO, HCJO:** These musical groups are by audition only. The music is purchased for that concert season and concerts are planned based on our instrumentation. A deviation from that instrumentation can be costly to the ensemble. *Refunds will only be issued prior to the first rehearsal.*

**XX** \_\_\_\_\_ **INITIAL Cancellation Policy: LPMCO:** Cancellations within the first 3 weeks of class, must be received in writing. You will receive a full refund less \$50 office fee. No refunds will be issued after the third week of class.

Musique Sur La Mer Orchestras

CREDIT CARD AUTHORIZATION FORM PRINT CLEARLY - Check One Visa  MasterCard

Cardholder Name:
Credit Card Number:
Amount: \$ Expiration Date /20 3-Digit Security Code
Full Billing Address: ZIP CODE:
Phone Number (Associated with credit card):

Brief description of the goods or services provided: Tuition/Donation

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the charges listed above. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions, and I will not chargeback this amount.

Signature: Date / /
Printed Name:

Please Imprint Card Below

Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.

PUBLICITY RELEASE: I hereby authorize my child's name, photo or likeness to be used in publicity, press releases and media presentations.
INDEMNITY AND HOLD HARMLESS AGREEMENT I/we hereby grant permission for my/our child to participate in the Musique Sur La Mer Orchestras program for which I am registering.
CONSENT TO TREAT A MINOR: I certify that I am the parent or legal guardian of the child being enrolled in this program. I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

INITIAL CONSENT FOR FIRST AID TREATMENT, TRANSPORTATION & I hereby authorize the staff of the Musique Sur La Mer Orchestras or qualified designate to provide immediate first aid to my child in the event of illness or injury. In addition, if this program provides for the transportation of my child, I hereby grant permission to the Musique Sur La Mer Orchestras to provide such transportation.

PHOTOGRAPHIC RELEASE: I hereby give Musique Sur La Mer Orchestras, Marcy Sudock, it's successors and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and /or sound recordings being taken of my child: (a) to use, reuse, publish and republish in whole or in part and (b) to use my child's name. I further release the Marcy and Mark Sudock, Sudock, Musique Sur La Mer Orchestras and The Musique Sur La Mer Board of Directors from any claims and demands arising out of the use of same.

My name, on the Signature line below, indicates I have read, understand and agree to all the terms as set forth on both Pages 1 and 2 of this agreement.

PRINT MOTHER SIGNATURE Date

PRINT FATHER SIGNATURE Date

\*\*\*\*\*

OFFICE USE ONLY

Registration Packet Received Date Registration Form Health Form Membership Contract
MSLMYSO - Section Seat
MSLMHCJO - Section Seat
LPMSO - Section Seat

## MSLM ORCHESTRAS MEMBERSHIP CONTRACT - CODE OF CONDUCT

**Please read and Sign the following agreement. Please return it with your registration packet.**

Membership in MSLMYO, MSLMHCO, MSLMJO, LPMS is considered an honor and is to be treated with all due accord. The following rules lend to being considered a member in good standing. Please (both parent and student) initial each of the following rules indicating your understanding of the rules and agreement to abide by them. Any infractions will be cause for suspension or dismissal as deemed appropriate by the conductor.

Parent \_\_\_\_\_

Student \_\_\_\_\_

1. One excused absence per trimester will be considered acceptable.  
Excessive absences will be cause for dismissal without refund.
2. Arrive at 15 minutes prior to start time
3. Assist with set-up and tear down
4. Attendance at all concerts is mandatory.
5. MSLMYO, MSLMHCO, MSLMJO - **If you are unavailable for a concert, you will be fined \$200 to cover the cost of a professional musician**
6. Respect for the conductor
7. Respect for personal property
8. Respect for fellow musicians
9. NO gossip
10. Appropriate dress at both rehearsal and performances that reflect the wholesome image of the Musique Sur la Mer Orchestras
  - A. no low cut blouses or bare mid-sections
  - B. no excessively short skirts
  - C. no gang attire including overly baggy pants, low-slung pants that allow for the exposure of underwear
  - D. Performance attire will consist of:
    - MSLM - Men/Boys: Official MSLM - Black Tuxedo with white front pleated wing-tip tuxedo shirt, Black Belt, Black Bow Tie, black and silver tone studs and cuff links Black Socks, Black Dress Shoes
    - MSLM - Women/Girls: Official MSLM Long Black Formal outfit
    - All: MSLM Polo shirt neatly tucked in with black slacks, black dress shoes and black socks - for more casual events
11. Participation in fund-raising activities
12. Exemplary behavior at concerts & when on tour
13. No drugs, alcohol or tobacco - immediate termination  
of membership without refund if drug or alcohol use
14. Learn your music at home prior to rehearsal
  - A. Failure to learn your music, will be cause for suspension from performing at said concert.  
Consistent neglect will be cause for termination of membership without refund.
15. **Min. of \$250 in Guild Donation for each concert season, due by Nov. 1st.**

**MSLM PARENTS' ACTION COMMITTEE (PAC)** The MSLM Action Committee is comprised of ALL MSLM Orchestras (YSO, HCO, JO, LPMCO, Winds, Chamber) parents and community volunteers. It is imperative that all parents pitch in and help. The saying "many hands make light work," holds true. Parents are required to donate a minimum of 6 hours of volunteer help during the concert season (concerts, fundraising.) What PAC does - fun and fund raising, chaperoning and helping at concerts

**TEEN LEADERSHIP COUNCIL (TLC) - ALL MSLMYO/HCO** Members in good standing are welcome. The MSLMYO Teen Leadership Council is the student voice of the orchestra. This group of young musicians plans their own parties, keeps the school calendar or events current to help avoid performance conflicts and is the liaison between the orchestra and conductor. It is a self-governing student body, with adult advisor.

I have read the aforementioned rules for membership in the Musique Sur La Mer Orchestras and agree to abide by its terms.

Print Name of Student \_\_\_\_\_ Signature & Date \_\_\_\_\_

Print Name of Parent \_\_\_\_\_ Signature & Date \_\_\_\_\_

NAME OF PARTICIPANT \_\_\_\_\_ Birthdate (m/d/y): \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Mother \_\_\_\_\_ Lives with minor YES NO  
 Home Ph (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Father \_\_\_\_\_ Lives with minor YES NO  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION**

Med. Insurance \_\_\_\_\_  
 Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Subscriber \_\_\_\_\_  
 Secondary Med. Insurance \_\_\_\_\_  
 Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Subscriber \_\_\_\_\_  
 All Immunizations Current? Yes No Date of Last Tetanus Shot \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS (minors only) & Your Insurance Card**

**Highlight all that Apply**

Diabetic Yes No	Heart Problems Yes No	Frequent Headaches Yes No
Asthma Yes No	Kidney Problems Yes No	
Chickenpox Yes No Date _____	Mumps Yes No Date _____	
Measles Yes No Date _____	Liver Problems Yes No	

If "yes" to any answer, please explain on the back of the form.

Surgeries & Dates \_\_\_\_\_

Currently taking the following medications: \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Food & Other Allergies \_\_\_\_\_

Any other medical or psychological information that you believe to be important:  
 \_\_\_\_\_

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

In case of an emergency, please contact the following person(s) if the parents cannot be reached:

Name	Relationship	City	Phone with Area Code
1. _____	_____	_____	_____
2. _____	_____	_____	_____

X \_\_\_\_\_ INITIAL In case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to my child, \_\_\_\_\_ and to bill my insurance. Yes No

HEALTH FORM CONTINUED NAME \_\_\_\_\_ YEAR \_\_\_\_\_ - \_\_\_\_\_

X \_\_\_\_\_ INITIAL n case of an emergency situation I hereby authorize licensed medical professional to administer any and all medical aid to myself , \_\_\_\_\_ and to bill my insurance. Yes No

**CONSENT TO TREAT A MINOR**

X \_\_\_\_\_ INITIAL - I certify that I am the parent or legal guardian of the child being enrolled in this program. I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to tender care which the aforementioned physician in the exercise of his/her best judgment many deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code, State of California. Restrictions, if any \_\_\_\_\_ This consent will remain in effect until rescinded in writing.

**CONSENT FOR FIRST AID TREATMENT, TRANSPORTATION**

X \_\_\_\_\_ INITIAL - I hereby authorize the staff of Musique Sur La Mer Orchestras, Inc. to provide immediate first aid to my child in the event of illness or injury. In addition, if this program provides for the transportation of my child, I hereby grant permission to Musique Sur La Mer Orchestras, Inc. to provide such transportation. This consent will remain in effect until rescinded in writing.

**SPECIAL NOTES TO BE ADDED TO HEALTH FORM:**

Mother's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_