



ORCHESTRA REGISTRATION
PLEASE PRINT CLEARLY



Student _____ Birthdate ____/____/____
☐ M ☐ F School _____
Preferred Email Address: _____
Home Address _____
City _____ Zip _____
Parent/Guardian Name _____
Home/Cell Ph: (____) _____

_____ Musique Sur La Mer Youth Symphony Orchestra MSLMYSO audition acceptance required
\$250 per semester with this two semester contract

_____ Musique Sur La Mer Honors Chamber Orchestra MSLMHCO audition acceptance required
\$225 per semester with this two semester contract

_____ Musique Sur La Mer Honors Chamber Orchestra - concurrently enrolled in MSLMYSO -
audition acceptance required \$200 per semester with this two semester contract

_____ Shoreline String Orchestra SSO audition acceptance required
\$225 per semester with this two semester contract

_____ Offshore Winds audition acceptance required
\$225 per semester with this two semester contract

_____ Offshore Winds - Concurrently enrolled in MSLMYSO - audition acceptance required
\$200 per semester with this two semester contract

_____ La Petite Musique Strings
\$225 per semester with this two semester contract

_____ MSLM Community String Orchestra - Adults - audition acceptance required
\$250 per semester with this two semester contract

_____ **\$50 discount if paid in full for both semesters by June 20, 2021**

_____ **1st Semester Tuition Due by 6/20/21— 2nd Semester Tuition Sur by 11/15/21)**

\$_____ **TOTAL amount enclosed with Registration**

Check # _____ OR _____ Credit Card (add 3%)

CREDIT CARD AUTHORIZATION FORM PRINT CLEARLY

Charge my credit card (ck. one): ☐ Visa ☐ MasterCard the amount of \$_____ incl. additional 3% fee

Cardholder Name: _____

Credit Card Number: _____

Expiration Date ____/____/20 _____ 3-Digit Security Code _____

Address where monthly credit card statements are received & Phone associated with this credit card)

Full Billing Address: _____

City _____ State _____ ZIP CODE: _____ Phone
Number (____) _____

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: _____

ALL PARTICIPANTS AGREE TO THE FOLLOWING TERMS:

X _____ **INITIAL** - This contract is a commitment to participate in rehearsals and concerts for two semesters constituting the 2021-22 concert season late August, 2021 through May 22, 2022. I have read the "Code of Conduct Agreement" and I hereby commit to follow the rules of conduct set forth in the "Code of Conduct Agreement" and participate fully in the entire 2021-22 concert season.

X _____ **INITIAL - PHOTOGRAPHIC/VIDEO RELEASE:** I hereby give Musique Sur La Mer Orchestras, Marcy Sudock, Shoreline Village, 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 and/or myself: (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, 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

X _____ **INITIAL - PUBLICITY RELEASE:** I hereby authorize my name and/or my child's name, photo or likeness to be used in publicity, press releases and media presentations. I hereby authorize my name, photo or likeness to be used in publicity, press releases, internet website, social media and media presentations.

X _____ **INITIAL - INDEMNITY AND HOLD HARMLESS AGREEMENT** I agree to indemnify and hold harmless Marcy and Mark Sudock, Musique Sur La Mer Orchestras, Sudock Productions, Inc., Shoreline Village, and any other entity, personal or facility, associated with the program, their officers, agents and employees from any liability, claim or action arising out of such participation. I understand that this program is not bound by the responsibilities and legalities that accompany a licensed daycare program. I further certify that my child is in good healthy and has no physical or other impediment which would endanger him/her or any participant in taking part in such an activity.

X _____ **INITIAL** - All videos become the property of Musique Sur La Mer Orchestras. Musique Sur La Mer Orchestras reserves the right to distribute videos

X _____ **INITIAL** - All participants will remain physically distanced and wear a mask that covers their mouth and nose during rehearsals and performances, as required by health officials.

X _____ **INITIAL** - Our Shoreline Village studio location has stairs. If you have difficulty navigating stairs you will have the option of participating remotely via FaceTime, Zoom or a similar format OR we can move our rehearsal to another location to accommodate your need.

Check one: _____ I can navigate the stairs.

_____ I am unable to navigate stairs. I will to utilize your alternative location or give me equal access to participate remotely/virtually.

X _____ **INITIAL CONSENT TO TREAT** I hereby authorize and consent for myself or my child 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.**

X _____ **INITIAL - REFUND POLICY** - You have a three day grace period from the date of signing this agreement to cancel your agreement with the benefit of a full refund. After the three day grace period all fees will be nonrefundable. If the class is cancelled due to under-enrollment, you will be entitled to a full refund.

Emergency Contact Information if a parent cannot be reached

In case of a life threatening emergency we will call 911

Name _____ **Relationship** _____

Phone () _____

Address _____

Name _____ **Relationship** _____

Phone () _____

Address _____

IF REGISTERING A MINOR PLEASE FILL-IN THE FOLLOWING:

X _____ INITIAL - I/we hereby grant permission for my/our child to participate in the Musique Sur La Mer Orchestras program for which I am registering (if registering a minor.) I

X _____ INITIAL - PARENT/GUARDIAN CONSENT FOR VIDEO/AUDIO CONFERENCING, SUCH AS ZOOM

This parental consent notice is provided to inform you that your child/children will be participating in video/audio classes and performances for the purpose of continuing their musical educational instruction and performances. These online music classes are intended for instructional and performance purposes. During video/audio classes, students will be visible/audible to other participants (students and Musique Sur La Mer Orchestras staff) in the class and performance sessions using technology such as Zoom. It is also possible that others in the participant's households may see or hear the participants. These are options that you and your child may choose within Zoom or Google Hangouts/Meet. If you and/or your child do not wish to share their camera and/or their audio capabilities, they may turn them off and simply attend the online lesson as a viewer. For the duration of any video/audio conference, participants are expected to act in a classroom-appropriate manner. Regular class rules and consequences will apply. In the event of inappropriate behavior, a student may be removed from a class. Your signature on this enrollment form signifies your consent for your child to participate as outlined. Thank you in advance for our continued partnership as we work to serve our children and enhance the musical learning community in these challenging times.

My name, on the Signature line below, indicates I have read, understand and agree to all the terms as set forth on pages 1, 2, and 3 of this agreement.

PRINT NAME PARENT _____

SIGNATURE _____

Date ____/____/2021

Online Music Instruction and Performance Parent Consent Form (for minors)

Please sign the attached form and return it along with your enrollment form. Musique Sur La Mer Orchestras & Academy of Music

I, _____, (name of parent/guardian)

do hereby give my consent for my child _____, (name of child)

to participate in Musique Sur La Mer Orchestras & Academy of Music online instrumental music program via Zoom or the similar online format plus online virtual concerts. Online virtual concerts will be viewed on social media, as well as on other formats. I understand that, as part of this program, my child will be instructed by a qualified instructor. I also give my permission for my child's photo, video, sound recording, name and creative works in, and for promotion of, Musique Sur La Mer Orchestra & Academy of Music programs.

Signature of Parent/Gardian _____ Date ____/____/____

Print Parent/Guardian Name _____

Online Music Instruction and Performance Consent Form (adults - MSLM Community String Orchestra)

Please sign the attached form and return it along with your enrollment form. Musique Sur La Mer Orchestras & Academy of Music

I, _____, (name of participant)

do hereby give my consent to participate in Musique Sur La Mer Orchestras & Academy of Music online instrumental music program via Zoom or the similar online format plus online virtual concerts. Online virtual concerts will be viewed on social media, as well as on other formats. I understand that, as part of this program, my child will be instructed by a qualified instructor. I also give my permission for my photo, video, sound recording, name and creative works in, and for promotion of, Musique Sur La Mer Orchestra & Academy of Music programs.

Signature of Participant _____ Date ____/____/____

Print Name _____

**Musique Sur La Mer Orchestras, Inc. is a 501 (c) 3 non-profit, tax exempt organization
EIN #46-3748273**

EMAIL PDF SIGNED REGISTRATION TO:

**Mailing Address: Musique Sur La Mer Orchestras, 404 Purdue Circle, Seal Beach, CA. 90740
OR EMAIL PDF SIGNED APPLICATION TO: director@mslmorchestra.com**

2020-2021 MSLM ORCHESTRAS MEMBERSHIP CODE OF CONDUCT

Please read and Sign the following agreement. Please return it with your registration packet. Membership is an honor and is to be treated with all due accord. The following rules lend to being considered a member in good standing. Both a parent and the student must initial each of the following rules indicating your understanding of the rules and agreement to abide by them. Any infraction will be cause for suspension or dismissal without benefit of refund.

Parent Participant

- _____ 1. Agrees to receiving and downloading all music sent by MSLMO.
- _____ 2. Agrees to learning the music immediately upon receiving the sheet music.
- _____ 3. Two excused absences per semester will be considered acceptable, unless you are ill.
- _____ 4. Arrive at 10 minutes prior to rehearsal time
- _____ 5. Do not attend if you are feeling unwell.
- _____ 6. Agrees to all health and safety rules including: washing your hands prior to attending each rehearsal or performance, allows touch-free temperature prior to studio entry, wear a mask that covers your nose, mouth and chin throughout all rehearsals and concerts, use the provided hand sanitizer upon entry - All members 16 and older must show proof of Covid-19 vaccination
- _____ 7. Students only will be admitted into the studio. Parents may drop off and pick up their students downstairs.
- _____ 8. Public restrooms are available downstairs and are sanitized regularly.
- _____ 9. Attendance at all concerts is mandatory. You will be fined \$200 for a missed concert unless you have given a minimum of 60 day written request to be excused from a scheduled concert date.
- _____ 10. Respect for the conductor, personal property, fellow musicians
- _____ 11. No gossip
- _____ 12. No gang attire including pants that allow for the exposure of underwear
- _____ 13. Formal Performance attire will consist of:
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
Women/Girls: Official MSLM Long Black Formal outfit
Casual Concert Attire: MSLM Polo shirt neatly tucked in black slacks, black dress shoes, black socks
- _____ 14. Participation in fund-raising activities
- _____ 15. Exemplary behavior at concerts & when on tour
- _____ 16. No illegal drugs, underage alcohol or tobacco products
- _____ 17. Learn your music. Come prepared for rehearsals.

MSLM PARENTS' ACTION COMMITTEE (PAC) The MSLM Action Committee is comprised of ALL MSLM Orchestras parents and community volunteers. Parents are required to donate a minimum of 6 hours of volunteer help during the concert season (concerts, fundraising).

TEEN LEADERSHIP COUNCIL (TLC) - ALL Youth Members in good standing are welcome. The Teen Leadership Council is the student voice of the orchestra. This group of young musicians plans their own events, keep the school calendar or events current to help avoid performance conflicts and are the liaison between the orchestra and conductor. It is a self-governing student body, with adult advisor. Until it is prudent to meet in person all TLC meetings will take place on Zoom.

I have read the aforementioned requirements as a member of MSLMO and agree to abide by its terms.

Print Name of Participant _____
Participant's Signature _____ Date _____

If the Participant is a minor - Parent authorization/agreement

Print Name of Parent _____
Parent's Signature _____ Date _____

MEDICAL ALERT _____

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 RECORD & 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 COVID-19 Yes No Dates _____

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** (____) _____ **Ad-**

dress _____

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. _____

HEALTH FORM CONTINUED NAME _____

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

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 TO TREAT (adults)

X _____ **INITIAL** - 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 or myself in the event of illness or injury. In addition, if this program provides for the transportation of my child or myself, 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 - on the back of this sheet**

Signature of Participant (18+) _____

If on behalf of a minor - PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED

Signature _____ Date ____/____/____

Relationship to the minor _____

Please mail your completed registration packet to our mailing address:
Musique Sur La Mer Orchestras: 404 Purdue Circle, Seal Beach, CA 90740