



REGISTRATION PLEASE PRINT CLEARLY

Concert Season Year _____

Instrument(s) _____

EMAIL Completed, signed PDF REGISTRATION TO: director@mslmorchestra.com

Mailing Address: Musique Sur La Mer Orchestras, 404 Purdue Circle, Seal Beach, CA. 90740

MUSICIAN _____ Birthdate ____/____/____

Preferred Email Address: _____

Home Address _____

City _____ Zip Code _____

Cellphone. (_____) _____ Text: ____ YES ____ NO

Other Phone (_____) _____

FOR MINORS ONLY:

Parent/Guardian #1 _____

Preferred Email Address: _____

Home Address _____

City _____ Zip _____

Cellphone (_____) _____ Text: ____ YES ____ NO

Other Phone (_____) _____

Parent/Guardian #2 _____

Preferred Email Address: _____

Home Address _____

City _____ Zip _____

Cellphone (_____) _____ Text: ____ YES ____ NO

Other Phone (_____) _____

School _____

School Music Teacher _____

Email _____

School Music Program Participation _____

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. _____

REGISTRATION - Concert Season September through May

____ **MSLM Youth Symphony Orchestra \$500- by audition (Sundays, 2 - 4 PM)**

____ **MSLM Honors Chamber Orchestra - \$225 by invitation (Sundays, 1 - 2 PM)**

Must be concurrently enrolled in MSLMYSO

____ **Offshore Winds - \$450 - by audition (Sundays, 1 - 2 PM)**

____ ****Offshore Winds - by audition \$225 with concurrent enrollment in MSLMYSO**

____ **Shoreline Strings/La Petite Musique Preparatory Orchestras - by audition - \$450**

(*Saturdays, 9:30 - 10:30 AM)

____ ****Shoreline Strings/La Petite Musique Preparatory Orchestra - by audition - \$225**

If concurrently enrolled in MSLMYSO

____ **MSLM Guitar Ensemble - \$450 by audition (Tuesdays, 7:30 - 8:30 PM)**

____ **MSLM Community Chamber Orchestra aka Long Beach Community Orchestra - ages 18+**

\$ _____ **Optional Tax-deductible Donation to Musique Sur La Mer Orchestras**

\$ _____ **TOTAL amount with Registration Check # _____ OR _____ Credit Card (add 3%)**

If Paying by credit card: CREDIT CARD AUTHORIZATION FORM PRINT CLEARLY

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

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ **CRV (3 digits back of card)** _____

Address and phone where monthly credit card statements are received associated with this credit card

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

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 out-standing 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: _____

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**

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.

X _____ **INITIAL Online Music Instruction and Performance Parent Consent**

I, (name of parent) _____, 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.

(Adult Participants Only). Online Music Instruction and Performance Consent 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.

PHOTO, PRINT, AUDIO, VIDEO & WEBSITE PUBLICITY RELEASE FORM

Musique Sur La Mer Orchestras, youth, community and professional orchestras, ensembles and academy are recognized nationally and internationally for their passion, excellence and musicality, as well as their personal accomplishments. We acknowledge these accomplishments by sharing your wonderful news via press releases, newspapers, magazines, radio/television stations, newsletters, social media, Youtube, Vimeo and on our website.

IF FOR A MINOR: PRINT Minor's Full Name _____

PRINT Name of Parent or Legal Guardian _____

IF FOR AN ADULT - PRINT Your full name _____

1. Photo/Television/Radio/Press/Social Media/Media Releases Advertisements Agreement

_____ **INITIAL** - GRANT permission for my (or my designated child as listed in this release form) personally identifiable information to be used in local television/newspaper media/broadcast on local radio.

2. Newsletters Agreement

_____ **INITIAL** - GRANT permission for my (or my designated child as listed in this release form) personally identifiable information to be used in newsletters

3. Website Agreement

_____ **INITIAL** - GRANT permission for my (or my designated child as listed in this release form) photograph, audio or video recording to be published on the Musique Sur La Mer Orchestras website and/or Youtube or the equivalent.

4. Official Programs Agreement

_____ **INITIAL** - GRANT permission for my (or my designated child as listed in this release form) photograph and/or name to be published in Musique Sur La Mer music programs.

I _____ hereby authorize Musique Sur La Mer Orchestras, Shoreline Village and it's designates to record, tape, film, photograph, digitize or otherwise preserve in permanent form my name and/or the **name of my child** _____ likeness, image, biographical material, voice and/or statements.

I agree that any such recordings may be used and reused in whole or in part for publication, broadcast, multimedia production, internet distribution, promotional purposes and /or educational distribution as deemed fit by Musique Sur La Mer Orchestras, Marcy Sudock or it's designates, in perpetuity, throughout the world.

I release Musique Sur La Mer Orchestras, Mark and Marcy Sudock and its officers, agents, or designees from any and all claims based on the use of such recordings and agree to hold Musique Sur La Mer Orchestras, Mark and Marcy Sudock harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my statements.

I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Musique Sur La Mer Orchestras, Mark and Marcy Sudock and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

Musique Sur La Mer Orchestras, Mark and Marcy Sudock and their designees do not sell, share or disclose personal information with persons or entities not affiliated with them, except with your consent or when we reasonably determine it is necessary to do so in order to comply with law or protect the safety, property or legal rights of it's members or others.

Signature for yourself or on behalf of a minor

Date

If on behalf of a minor - your relationship

PRINT NAME OF MINOR

PRINT NAME OF PARENT OR GUARDIAN SIGNING

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

MSLM ORCHESTRAS MEMBERSHIP CODE OF CONDUCT - Initial/Sign - Due with Registration

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 Musician/Participant 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, wear a mask that covers your nose, mouth and chin throughout all rehearsals and concerts, use the provided hand sanitizer upon entry - All members ages 5 and older must show proof of Covid-19 vaccination (if religious or health reasons profit you or your child from being vaccinated, proof of a negative Covid-19 test is required within 24 hours of entering the studio.)
- _____ 7. Public restrooms are available downstairs and are sanitized regularly.
- _____ 8. 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.
- _____ 9. Respect for the conductor, personal property, fellow musicians
- _____ 10. No gossip
- _____ 11. No gang attire including pants that allow for the exposure of underwear
- _____ 12. 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 Socks, Black Dress Shoes
Women/Girls: Official MSLM Long Black Formal outfit
Casual Attire: MSLM Polo shirt tucked ,black slacks, black dress shoes, black socks
- _____ 13. Participation in fund-raising activities
- _____ 14. Exemplary behavior at concerts & when on tour
- _____ 15. No illegal drugs, underage alcohol or tobacco products
- _____ 16. 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 _____

YEAR_____ . HEALTH FORM - DUE WITH REGISTRATION

STRICTLY CONFIDENTIAL - to be used in case of a medical emergency.

Required for all youth (minors) participants. Optional for Adult participants.

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 Please attach a copy of immunization records

Date of Last Tetanus Shot_____ Dates of Covid Vaccinations

_____ Diabetic _____ Asthma _____ Mumps _____ Heart Problem

(explain on back of this form)

_____Frequent Headaches _____Chickenpox Date_____ Measles Yes No Date_____

_____Kidney Problems _____Liver Problems (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
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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.

X_____ **INITIAL** In 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.

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 may 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 ADULT PARTICIPANT

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 may 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 - ALL PARTICIPANTS

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.

X_____ **ANY 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 _____