



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.

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
1. _____			
2. _____			

_____ **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.

_____ **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.

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 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 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 - ALL PARTICIPANTS

X _____ **INITIAL** - I hereby authorize the staff of Musique Sur La Mer Orchestras, Inc. to provide immediate first aid to my child o 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 _____