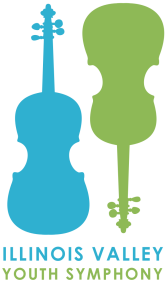


Illinois Valley Youth Symphony Orchestra 2023-24 Application Form



**required*

*Student Name: _____ Student Email: _____

*Parent 1 Name: _____ *Parent 1 Email: _____

*Parent 1 Phone: _____

Parent 2 Name: _____ Parent 2 Email: _____

Parent 2 Phone: _____

Student's School: _____ Student's Grade: _____

*Instrument: _____ Private teacher: _____

Known Allergies: _____

Known events/activities that may interfere with rehearsal attendance:

The below must be signed by a parent of the student whose contact is listed above.

I, _____ do acknowledge the responsibility and privilege of participation in IVYSO. I understand that I will be automatically enrolled in the IVYSO Parent Club, with volunteer duties to be assigned as my capacity permits. I agree to uphold and enforce the standards of behavior required by the IVYSO of my student and myself, including the Sick Absence and Notice of Positive Test Policy. I will encourage and empower my student to come to rehearsals regularly and willingly, and will cooperate with IVYSO staff should any behavior modification be required.

Signed: _____ Date: _____

*Emergency Contact/Relationship: _____ Phone (must be textable): _____

Please find payment information section, waivers, and the Sick Absence and Notice of Positive Test Policy on successive page.

Payment Information

- Pay in full via check or cash - \$175/semester, due by first rehearsal of the semester
- Pay in full with card - \$175/semester + 3% convenience fee (total = \$176.03)
- Pay via monthly automatic payments of \$40 on the day of first rehearsal of each month*
- *8/22, 9/5, 10/3, 11/7, 12/5. Includes a \$5 payment plan fee*

Card number

(required for payment in full by card and for monthly payments)

Expiration Date:

CVV Code:

Billing Address:

Card Type (Visa, Discover, etc.):

I hereby certify that I am authorizing a charge to my credit or debit card per the terms selected above.

Signed:

Date:

Sick Absence and Notice of Positive Test Policy

Students are discouraged from attending rehearsal with any illness. Sick absences will always be excused when filed in accordance with our absence policy.

Students and household residents who test positive for COVID-19 must notify Orchestra Manager, Aelsa Woods, and students in such households must not come to rehearsal for 2 weeks. These will be excused absences.

The students and parents of the IVYSO will be notified that a student tested positive, but will not be told who it was.

Waiver Statement

I understand that by registering my student for this program that I am accepting the following:

- My child may be exposed to COVID-19 and other contagious illnesses over the course of the semester. I understand that the IVYSO requires student participation in mitigating this risk, but neither the IVYSO nor any registered family are liable should my student become ill.

- My child may experience an emergency while in care of IVYSO personnel. I am entrusting the IVYSO with the ability to make prompt decisions according to their informed judgment for the care of my child in my absence. Under Good Samaritan laws, they are not liable for any incidental harm that may come to my child while administering good faith care.

- My child's participation in this program is a privilege, not a right. That privilege may be revoked based on the behavior of the student or parent(s)/legal guardian(s) if undue disruption persists beyond reasonable warnings.

- All information on this form is true and correct to my best knowledge.

- Photographs will be taken at rehearsals and performances that will be used in marketing, both print and digital. Full names of students will not be used but faces may be visible on social media channels and in future printed materials.

Signed:

Date:
