

**BCYO REGISTRATION FORM  
2010-2011**

**PLEASE PRINT  
STUDENT INFORMATION**

Name: \_\_\_\_\_ Ensemble: \_\_\_\_\_

Address: \_\_\_\_\_ Instrument: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Check if unlisted # \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Total years in BCYO: \_\_\_\_\_

Parent email address: \_\_\_\_\_ \*

Student email address: \_\_\_\_\_ \*

First and last names of parent(s) with whom student lives: \_\_\_\_\_

Private lesson teacher: \_\_\_\_\_

Phone number where parent/guardian may be reached during normal rehearsal times: \_\_\_\_\_

**STUDENT/PARENT AGREEMENT**

I have read the Parent/Student Handbook and understand that if I become a member of the Battle Creek Youth Orchestra I will be expected to attend all scheduled rehearsals and performances, and abide by all policies stated.

\_\_\_\_\_  
Student signature Date

I have read the Parent/Student Handbook and agree with all the policies stated and accept the financial obligations incurred by my son/daughter becoming a member of the Battle Creek Youth Orchestra. In case of injury or accident to my son/daughter or his/her instrument, I will not hold the Battle Creek Youth Orchestra or any person representing the Battle Creek Youth Orchestra accountable.

\_\_\_\_\_  
Parent signature Date

\_\_\_\_\_ Check here if you do not give permission for pictures or name of student to be used for publicity in publications such as, but not limited to, newsletters, newspapers and magazines, and BCYO brochures.

\*Most BCYO correspondence will be sent via email. This should be an address checked frequently. If this address changes it is EXTREMELY IMPORTANT to notify the office.

**Personal Information Needed**

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy holder: \_\_\_\_\_

Please list all allergies and/or restrictions: