

**BCYO ADULT REGISTRATION FORM
For Music Connections String Ensemble
2010-2011**

**PLEASE PRINT
MEMBER INFORMATION**

Name: _____ Ensemble: _____

Address: _____ Instrument: _____

City, State, Zip: _____

Phone: _____ Check if unlisted # _____

Email address: _____ *

AGREEMENT

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

Signature

Date

—— Check here if you do not give permission for pictures of yourself or your name 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: