



Session(s): Sep ___ Jan ___ Mar ___

MIMYO Advanced and Intermediate Orchestras, 2017-2018 Information & Registration Form

Completed applications may be given to Wayland Whitney or Sage Po, either in person or via email. All applications and payments are due by the third week of the session. **Contact: Wayland Whitney: wgwhitney@ucdavis.edu, (916) 676-3730**

Musician Information/Contact:

Please include your name as you would like it to appear on the concert program. Email is the primary form of contact for MIMYO, so please include any email addresses for which you would like to receive MIMYO information.

Name: _____

Instrument: _____

Age: _____ Years Experience: _____

Private Teacher: _____

Mailing Address: _____

School: _____

Phone Number(s): (____) _____ -- _____

(____) _____ -- _____

Best Email(s) for contact: _____

Current/Prior Playing Experience: _____

Payment Details:

Tuition for Regular Season Symphony Orchestra is **\$100 per concert set**, or **\$240 for all three sets**. Please circle the sessions you will be attending, and submit form to Wayland or Sage. Scholarships and reduced family rates may apply - contact for info. Payment and form are due by the third week of the session. **Please make checks payable to "MIM."**

I will be attending (circle one, two, or all):

Session I
Sept. 18 - Dec. 7

Session II
Jan. 9 - Mar. 15

Session III
Mar. 19 - May 17

Attendance:

It is very important for each musician to come to the rehearsals of the Session that they sign up for. **Each musician will be allowed TWO absences per concert set.** if a musician misses more than two rehearsals, they may not be adequately prepared for the concert and may not be allowed to perform. **Exceptions may be arranged in advance with Wayland.**

*****Please see Season Schedule for a full list of dates *****

Signatures:

I hereby state that the information supplied on both sides of this application is truthful and accurate. I agree to conduct myself in a respectful, dignified manner at all times. I understand that I am subject to the rules and regulations set forth by MIMYO, and I agree to comply with those rules to the best of my ability.

Musician Signature: _____ Parent Signature: _____

Emergency Contact Information: _____

If a medical emergency or safety concern arises, MIMYO may need to contact a musician's parent, guardian, or other authorized caretaker. Please list at least two individuals below that will be available and reachable in the event of an emergency during MIMYO's regular rehearsal times (i.e., Mondays or Wednesdays, 4:30-6:30).

Contact 1: Name: _____ Relation: _____

Phone Number 1: (____) _____ -- _____ Phone Number 2: (____) _____ -- _____

Address: _____ Email: _____

Contact 2: Name: _____ Relation: _____

Phone Number 1: (____) _____ -- _____ Phone Number 2: (____) _____ -- _____

Address: _____ Email: _____

In the event of a serious medical emergency, MIMYO policy shall be to first call the above contacts, then to call qualified emergency personnel to administer care onsite or to transport the musician to the nearest hospital. MIM/MIMYO shall not be held responsible for any medical or transportation costs incurred due to emergency medical treatment.

I hereby authorize MIMYO to handle medical emergencies for my musician

I do not authorize MIMYO :

If you would prefer a different course of action to be taken in the event of a medical emergency, please detail those procedures below:

Consent to Photograph/Video Record Individuals: _____

MIMYO shall, from time-to-time, photograph or record portions of rehearsals and concerts for promotional Purposes. Photos/videos may appear online or in print. It is not possible to exclude individual performers from photos or videos of the entire group, but MIMYO can refrain from using photos or videos of individuals at their request. Please indicate your preference:

Yes, MIMYO may use photos and videos of my musician, both individually and in a group.

No, please refrain from using photos/videos of my individual musician.