



♪ 2023-2024 Membership Forms ♪

A. Student Agreement

I have read and understood all the membership rules. I understand that my continued participation in EBYO activities depends on following these rules, regularly attending rehearsals and all scheduled performances, and on maintaining high standards of personal conduct toward my fellow student musicians and EBYO staff.

Student Name: _____ Nickname: _____ Home Phone: _____
(please print last name, first name)

Address: _____ Cell Phone: _____
(please include street address, city, state, zip code)

Student Email Address: _____ Date of Birth: _____

School Name (9/23): _____ Grade (9/23): _____ Instrument: _____

Check one: Symphony Concert Student Signature: _____

B. Parent Agreement

EBYO depends on volunteers to support our organization. Please select one or more of the following jobs as your preference so we can call upon you when needed. (See Volunteer Participation Sheet for job descriptions.)

board member room parent school liaison grant writing publicity concert photographer please assign me

Other skill not listed: _____

The EBYO student member above has my permission to perform with EBYO during the 2023-2024 season. I understand that all students shall follow EBYO's school participation requirement that states "All players within EBYO shall participate in their respective school instrumental music program where such programs exist".

For the 2023-2024 season,

1. Does your child's school have an instrumental music program appropriate to their instrument?" __ Yes __ No
2. If you answer "yes" to above, will they sign up for the school music program? __ Yes __ No

C. Medical Emergency Authorization Form Consent for Medical Emergency

I, _____, the parent or guardian of _____ consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in EBYO (East Bay Youth Orchestras). Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, and order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I understand that efforts to contact me will be made by the EBYO (East Bay Youth Orchestras) representatives prior to emergency medical care being given to my child. I agree to this care being given anytime from August 30, 2023 to May 23, 2024.

Parent Signature _____ Date _____

Father's name: _____ Email: _____ Cell Phone: _____
(please print last name, first name)

Mother's name: _____ Email: _____ Cell Phone: _____
(please print last name, first name)

Other Emergency Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Name: _____ Insurance Number: _____

Please note any special conditions, allergies, or other conditions of your child:

D. Student Photo/Media Release of Consent Form

EBYO has my permission to include photos or video of my student, without using their name, for the EBYO website, newsletter, flyers and local newspapers.
_____ Yes _____ No

Parent Signature _____ Date _____

Please continue to Section E. Tuition on the reverse side.

E. Tuition

EBYO Tuition Schedule	Concert Orchestra	Symphony Orchestra
Single Payment (October 15th)	<u>\$450.00</u>	<u>\$650.00</u>
Two Equal Installments (October 15th and January 15th; \$5.00 fee added per installment)	\$230.00 per installment	\$330.00 per installment

- If your child joins EBYO after October 1, 2023, please contact manager@ebyo.org for payment due date and prorated tuition amount.
- EBYO will refund the 2023-2024 prorated tuition less an administration fee of \$50 if the member drops after October 1, 2023.
- A limited number of scholarships are available to families with financial need. Please email manager@ebyo.org for a scholarship application form.

MAKE CHECK PAYABLE TO “EBYO” and MAIL WITH THE MEMBERSHIP FORM TO:

EBYO
P. O. BOX 3970
HAYWARD, CA 94540

TOTAL PAYMENT ENCLOSED: \$_____ (Please write the student’s name in the memo area of check.)

CREDIT CARD PAYMENT:

I wish to pay the full tuition payment by credit card. (We are sorry but we can not do credit card installment payments.). If you check this box, the Treasurer will send you an invoice to be paid by October 15, 2023, for the full tuition amount.