

QUINCY AREA YOUTH CHORUS

MEMBERSHIP APPLICATION

2021-2022 Concert Season

Singer Name _____ (M/F) _____

(Please list name as it should appear in news media, on QAYC membership list, etc)

Address _____

City, State, Zip _____ Home Phone _____

Parent cell _____ Parent email _____

Student Cell _____ Student email _____

Date of Birth _____ Grade in 2021-2022 School Year _____

Parents' Names _____

(Please list names as they should appear in news media, on QAYC lists, etc.)

Home Newspaper (include address) _____

School Name & address _____

____ I am in school chorus. My teacher's name is _____

____ I do not participate in the school choral program because none is available.

Church Name & Address _____

Church email address _____

____ I sing in church choir. My conductor's name is _____

Do you play an instrument? Which one? How long? _____

If you take private lessons (voice/instrument) please list your teacher's name and address

Circle T-shirt size: Youth: YS YM YL YXL or Adult: S M L XL XXL

-OVER PLEASE-

_____ **Proper Conduct:** I agree to abide by the policies and procedures of the Quincy Area Youth Chorus (QAYC) and to cooperate with the conductor and assistants in furthering the ideals on which the chorus was founded. I agree to attend all rehearsals except in the case of illness or other valid circumstances. I will not use improper conduct or language which, in the judgement of the conductor, is detrimental to other students or which jeopardizes the future of the Quincy Area Youth Chorus.

_____ **Talent Release:** I assign and grant to the Quincy Symphony Orchestra Association (QSOA) the right and permission to use and publish the photographs/film/videos/electronic representations and/or sound recordings made of me and/or my child by the QSOA or its authorized representatives, and I hereby release the QSOA and its authorized representatives from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, web posting, electronic storage, and/or distribution of said photographs/film/videos/electronic representations and/or sound recordings without limitation at the discretion of the QSOA. I specifically waive any right to compensation I may have for any of the foregoing.

_____ **Release and Indemnification:** I recognize that there are risks involved in participating in this activity and hereby assume all risk of illness, harm, damage, or death in connection with participation. I understand and agree that neither the Quincy Symphony Orchestra Association (QSOA) nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any illness, harm, damage, or death that may occur as a result of my or my child's participation in this activity and hereby agree to save and hold harmless the QSOA, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of participation in the activity. I authorize the QSOA through its trustees, officers, directors, employees, agents or representatives to render or obtain emergency medical care or treatment as may be necessary should any injury, harm or accident occur to me or my child while participating in this activity. I further agree to defend and indemnify the QSOA for all claims, damages, losses, or expenses, including attorneys' fees, concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

_____ **Facecoverings:** I agree to wear a face covering and that my child will wear a face covering at all times at the rehearsal or performance site unless instructed otherwise by the director.

_____ **Illness:** I agree that I and/or my child will not attend a rehearsal or performance if not feeling well or if exhibiting symptoms of illness or COVID-19 (fever, coughing, runny nose, body aches, dizziness, loss of taste or smell).

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

The tuition fee must accompany this application. The QAYC tuition/membership fee is \$60.00 for the 2021-2022 Concert Season. The fee for additional students from the same family is \$50.00 each for the Season. **Students entering in the spring pay \$30.00, siblings \$25.00.**

A tuition waiver form is enclosed. If your family income qualifies, please fill out and return the waiver form instead of the tuition fee.

Questions? Email: gsoa@adams.net Website: www.gsoa.org Phone: 217-222-2856

RETURN THIS FORM TO YOUR DIRECTOR WITH PAYMENT OR WAIVER AT FIRST REHEARSAL,
or mail to: Quincy Area Youth Chorus, 1026 Maine St, Quincy, IL 62301