

# Steel City Sound Youth Ensemble / Prizm Winter Guard

Membership Form - 2011/2012 Season

Section:

Winter Guard

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Employer: \_\_\_\_\_ Mother's Email: \_\_\_\_\_ @ \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell \_\_\_\_\_

Employer: \_\_\_\_\_ Father's Email: \_\_\_\_\_ @ \_\_\_\_\_

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## FINANCIAL OBLIGATIONS:

Dues are \$30 per month by post dated cheques from October 1, 2011 - April 1, 2012. 7 Cheques total or 1 cheque for \$150 (Save \$60). Family Plan (2 or more children from same family) \$60 per month or 1 cheque for \$300. Members are responsible for the cost of meals while on trips as well as any extra medical insurance.

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## AGREEMENT OF MEMBERS:

1. I realize, and agree, that missed rehearsal and performances without good reason, are cause for suspension.
2. I have my parents/guardian's full approval to be a member.

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## AGREEMENT OF PARENTS/GUARDIAN:

We, the parents / guardian of the above named, guarantee that we are fully covered by Liability and Accident Insurance and hereby absolve, and hold blameless, the Director, Management and Staffs of the STEEL CITY SOUND YOUTH ENSEMBLE and/or PRIZM WINTER GUARD in the event of accident, or any other misadventure. Further, we promise to pay the cost of the instrument, or other equipment that is lost or stolen or damaged through misuse or abuse. Also, I give permission for my son/daughter to travel with Steel City Sound Youth Ensemble / Prizm Winter Guard including cross border trips to New York State.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I found out about your organization from: (Please circle)**

Friend/Relative    Spectator    Cable 14    Radio    Mountain News    School Flyer    Flyer    Mall Booth