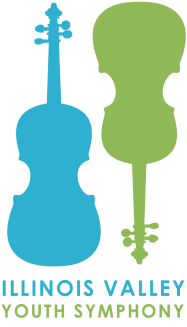


# Illinois Valley Youth Symphony Orchestra 2024-25 Application Form

## Intermezzo String Ensemble



*\*required*

\*Student Name: \_\_\_\_\_

Student Email: \_\_\_\_\_

\*Parent 1 Name: \_\_\_\_\_

\*Parent 1 Email: \_\_\_\_\_

\*Parent 1 Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Parent 2 Phone: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

\*Instrument: \_\_\_\_\_

Private teacher: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known events/activities that may interfere with rehearsal attendance:

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The below must be signed by a parent of the student whose contact is listed above.

*I, \_\_\_\_\_ do acknowledge the responsibility and privilege of participation in IVYSO. I understand that I will be automatically enrolled in the IVYSO Parent Club, with volunteer duties to be assigned as my capacity permits.*

*I agree to uphold and enforce the standards of behavior required by the IVYSO of my student and myself. If my student falls sick with any communicable illness, I will keep them home from rehearsal until they are cleared to return to activities. For most illnesses, this is 5 days after first symptoms and 24 hours fever-free. Sick absences are always excused when filed in accordance with the absence policy.*

*I will encourage and empower my student to come to rehearsals regularly and willingly, and will cooperate with IVYSO staff should any behavior modification be required.*

*All information on this form is true and correct to my best knowledge.*

Signed: \_\_\_\_\_

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

*Please find payment information section, waivers, and acknowledgements on the following page:*

## Payment Information

Pay in full via check or cash - \$160/year, due by first rehearsal of the semester  
Pay in full with card - \$160/semester + 4% convenience fee (total = \$166.40)

Card number

\_\_\_\_\_ *(required for payment in full by card and for monthly payments)*

Expiration Date:

\_\_\_\_\_

CVV Code:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_

Card Type (*Visa, Discover, etc.*):

\_\_\_\_\_

*I hereby certify that I am authorizing a charge to my credit or debit card per the terms selected above.*

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Waiver Statement

I understand that by registering my student for this program that I am accepting the following:

*- My child may be exposed to COVID-19 and other contagious illnesses over the course of the semester. I understand that the IVYSO requires student participation in mitigating this risk, but neither the IVYSO nor any registered family are liable should my student become ill.*

*- My child may experience an emergency while in care of IVYSO personnel. I am entrusting the IVYSO with the ability to make prompt decisions according to their informed judgment for the care of my child in my absence. Under Good Samaritan laws, they are not liable for any incidental harm that may come to my child while administering good faith care.*

*- My child's participation in this program is a privilege, not a right. That privilege may be revoked based on the behavior of the student or parent(s)/legal guardian(s) if undue disruption persists beyond reasonable warnings.*

*- Photographs will be taken at rehearsals and performances that will be used in marketing, both print and digital. Full names of students will not be used but faces may be visible on social media channels and in future printed materials.*

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_