

Youth Chorus of the Finger Lakes, LLC

Registration Form 2023-2024

Checks Payable to: Youth Chorus of

Mail to: P.O. Box 25443,

Farmington, NY 14	425		the Finger Lakes		
Or deliver by hand at the scheduled audition			Payment of \$90 for the Feb-June semester		
E-mail: Sing@ycfl.o	org		is due at the 1st rehearsa	l:	
Website: YCFL.org Tuesday, February 13 th					
Singer's First and La	ast Name:				
Singer's Current Ago Birthdate:	e/Grade in Scho	ool:			
			12):		
Mailing Address, in	•	,	,		
Parent / Guardian	Information:				
First and Last Nam	e(s):				
Phone Number(s): _					
Mailing Address:	same as stu	dent			
Family E-mail Addı	esses that are c	hecked regularly	for updates:		
Are there any medic parent is not on site	•	nditions we need	to know how to properly	care for at rehearsals if a	
	•				
How did you has a	hout VCEL)	Please ci	rolo		
How did you hear a Music Teacher	Flyer	Social Media	Friend/Family	Other (specify below)	
1.1401C 1 CUCICI	1 1 9 0 1	Social Media	i iiciid/ i diiiiiy	other (specify below)	

Please see our website for further information and updates: YCFL.org

Youth Chorus of the Finger Lakes will ** NOT ACCEPT CASH **. Checks are made payable to: Youth Chorus of the Finger Lakes

YCFL Payment Agreement:

I understand that it is necessary to pay the full amount of \$90.00/semester or \$180.00/school year, *due less any financial aid*, by the first rehearsal. I understand that there are no refunds.

YCFL Participation Agreement:

Parent Signature: _

The commitment of all members and families is needed to maintain high musical standards and quality of musical experience for everyone. Since YCFL attracts outstanding students with many commitments, there is an attendance policy to support the standards of our choirs:

Attendance is expected at all rehearsals and performances. If the family fails to notify the director of prior conflicts with at least 2 week warning *or* the student misses 4 rehearsals during a semester, the director reserves the right to call for a part-check to determine the student's participation in that semesters concert. Should an unforeseen absence occur due to severe illness or dire family emergency, the student or parents should make every attempt to communicate this information as quickly as possible.

Photography, Video and Audio Recording Release:

I hereby consent the recording of my child,	, in audio and/or
visual formats for the use of Youth Chorus of the Finger Lakes. This includes use o	f the media for the
YCFL website, Facebook page, and Newspaper articles with the understanding that	t the student's full
name will not be published on the internet when an image is posted. Please discuss	specific concerns
with the director.	

Authorization:
I hereby agree to the terms and policies listed above, including but not limited to the YCFL Payment
Agreement, Participation Agreement, and the Photography, Video and Audio Recording Release.

Date:

YCFL Mission

It is the mission of this program to provide youth with an engaging music experience that fosters critical thinking and discovery learning, sharing emotional and artistic expression through performance.

And to have fun while doing it!