



Youth Chorus of the Finger Lakes, LLC

Registration Form 2019-2020

Mail to: P.O. Box 25443,
Farmington, NY 14425

Or deliver by hand at the scheduled audition

E-mail: Ingersoll@ycfl.org

Website: YCFL.org

Checks Payable to: Youth Chorus of
the Finger Lakes

Payment of \$180/year or \$90/semester is due at
the 1st rehearsal:

Tuesday, September 10

Singer's First and Last Name: _____

Singer's Current Grade in School: _____

Birthdate: _____

Singer's Voice Part (if known and *only* if in grades 7-12): _____

Mailing Address, including town and zip code: _____

Parent / Guardian Information:

First and Last Name(s): _____

Phone Number(s): _____

Mailing Address: same as student

Family E-mail Addresses that will be checked for updates and information:

Are there any medical or dietary conditions we need to know how to properly care for at rehearsals if a parent is not on site?

How did you hear about YCFL?

Please circle

Music Teacher

Flyer

Newspaper

Friend/Family

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:

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 semester's 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 of the media for the YCFL website, Facebook page, and Newspaper articles with the understanding that 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.*

Parent Signature: _____ 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.