

Registration Form

PARTICIPANT INFORMATION: Please completely fill in this form using a ballpoint pen and print clearly. PSMFYA is primarily a volunteer organization that needs your help. So place an 'x' in a box below if you can help. *Signatures are required*						
Last Name	First Name	MI	Nickname	Gender)	Grade	School
Address			DOB			
City	State	Zip Code	Hm Phone	Cell	Other Phone	
Email						
Please specify instruments played / vocals and years played						
<input type="checkbox"/> Lead Vocalist	Years Played _____	<input type="checkbox"/> Guitar (electric)	Years Played _____			
<input type="checkbox"/> Backup Vocalist	Years Played _____	<input type="checkbox"/> Harmonica	Years Played _____			
<input type="checkbox"/> Bass	Years Played _____	<input type="checkbox"/> Keyboard/Piano	Years Played _____			
<input type="checkbox"/> Upright Bass	Years Played _____	<input type="checkbox"/> Saxophone	Years Played _____			
<input type="checkbox"/> Drums	Years Played _____	<input type="checkbox"/> Trombone	Years Played _____			
<input type="checkbox"/> Fiddle	Years Played _____	<input type="checkbox"/> Trumpet	Years Played _____			
<input type="checkbox"/> Flute	Years Played _____	<input type="checkbox"/> Violin	Years Played _____			
<input type="checkbox"/> Guitar (Acoustic)	Years Played _____	<input type="checkbox"/> Other (specify)	Years Played _____			
PARENT INFORMATION						
Father/Guardian		Work Phone	Cell Phone	Email		
Mother/Guardian		Work Phone	Cell Phone	Email		
Emergency Contact		Relationship	Home Phone	Cell Phone		
Does your child have any disabilities, handicaps, present injuries, limitaions, allergies, hemophilia, heart conditions or any medical conditions or any other medical or physical considerations? If so, please list below 						

Puget Sound Music for Youth Association

Participation Code of Conduct

Puget Sound Music for Youth Association (“PSMFYA”) is a youth-serving, community-based organization dedicated to providing musical enhancement for youth through education, practices, performances and competitions. Participation in the organization’s programs is subject to the observance of the organization’s rules and procedures. *The activities outlined below are strictly prohibited.* Any participant who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards board or staff members, volunteers or another participant.
- Possession or use of alcoholic beverages or illegal drugs on PSMFYA’s property, location of activities, or reporting to the program while under the influence of drugs or alcohol.
- Bringing onto PSMFYA’s property of location of activities dangerous or unauthorized materials such as explosives, firearms, weapons or similar items.
- Discourtesy or rudeness to a fellow participant, board and/or staff member or volunteer.
- Verbal, physical or visual harassment of another participant, board and/or staff member or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow any agency policy or procedure.
- Bullying or taking unfair advantage of any participant
- Failure to cooperate with an adult supervisor/leader/mentor.

I have read and I understand the PSMFYA’s Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Youth Signature _____ Date _____

Parent Signature _____ Date _____

Puget Sound Music for Youth Association

Photo/Video/Interview Consent

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.

I understand that the Puget Sound Music for Youth Association (“PSMFYA”) features activities and performances at various locations and venues. Media representatives, newspaper and television reporters, photographers and public-relations personnel may be present at these activities and performances to record them. In some cases they may interview and/or photograph children who participate in these activities and performances. These photographs, videos, audio recordings and interviews will only be used to promote the PSMFYA and its programs.

I give permission for my child to be photographed or otherwise recorded during PSMFYA events and performances, and for any and all such photographs to be displayed by the PSFYA

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I DO NOT give permission for my child to be photographed or otherwise recorded during PSMFYA activities and performances. As a result, my child may not be able to participate in these activities and performances.

Signature of Parent or Legal Guardian

Date

Acknowledgement for Medical Authorizations, Liability Release and Code of Ethics

I, the undersigned parent legal guardian of the above-named participant, a minor, on behalf of myself, Participant, our heirs, assigns and next of kin, hereby agree as follows:

Disclaimer and Assumption of Risk Waiver: I acknowledge that participation in PSMFYA activities can sometime involve travel and participation at venues with various conditions and possible risk of physical injury. I willingly and voluntarily accept and assume all such risk and financial responsibility for medical treatment hereby Releasing the PSMFYA, its directors, members, officers, sponsors, volunteers or employees from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any PSMFYA sponsored events / activities including any physical or other injured caused by the negligence of any or entity described above. I further acknowledge that the PSMFYA is primarily ran by volunteers rather than professionals. I further acknowledge and accept that this disclaimer, assumption of risk and waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this disclaimer, assumption of risk waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

Emergency Authorization: I hereby authorize the music director(s) and band parent(s) to act as my agents in the capacity of activity event supervisors, vehicle drivers, and I authorize each of them as well as the above identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment if and when there is an emergency.

Parents Code of Ethics: I hereby pledge to provide positive support, care and encouragement for my child by following this code of ethics:

- o I will encourage good sponsorship by demonstrating positive support for all participants, teachers, directors, parents, etc. at every practice, meeting, performance and/or any other PSMFYA activity / event.
- o I will place the emotional and physical well being of my child ahead of my personal desire.
- o I will ensure that my child participate in a safe and healthy environment.
- o I will provide support for teachers, music directors, board and/or employees, volunteers of PSMFYA working with my child to provide a positive, enjoyable experience for all.
- o I will remember that the activities / event are for the children.
- o I will do my very best to make the PSMFYA activities / events fun for my child.
- o I will ensure that my child will treat all participants with respect, including other band members, parents, teachers, music directors, board members, officers, employees and volunteers of PSMFYA regardless of Race, Color, Religion, Gender, Creed, or Ability.
- o I will refrain from use of profanity and any negative expression against any participant of PSMFYA.
- o I promise to be a respectful participant and will my best to assist in the needs of the PSMFYA.
- o I will require that all teachers, music directors, and volunteers be trained in the responsibilities of being part of the PSMFYA and I will remember that this organization is run primarily by volunteers.

Parent / Legal Guardian Signature Required

Date

Detach and keep this lower section for any future reference.

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