

NEW PLAYER REGISTRATION FORM

Registration takes place at the first rehearsal in September (see website for details).

Please send your remittance to the FYO Treasurer: Jarlath Jolley, 76 Delwood Drive, Castleknock, Dublin 15. Cheques should be made payable to "Fingal Youth Orchestra". Please write player(s) name on the back.

MEMBERS SUBSCRIPTION

Annual Subscription: €180 for first player, €130 for each subsequent player	€ _____ .00
Rental Fee for Musical Instrument: €40 per instrument (where relevant)	€ _____ .00
Friends of Fingal Youth Orchestra: Optional donation of €20	€ _____ .00
TOTAL DUE	€ _____ .00

- Subscriptions are non-refundable.
- Annual Subscription for the first player includes €10 Family Membership fee, entitling Parents/Guardians to vote at AGM, etc.
- In case of financial difficulty, please contact Treasurer, in confidence.

FAMILY DETAILS – PLEASE PRINT

Family Name:		Mother's name:	
Address_line 1:		Mother's mobile:	
Address_line 2:		Father's name:	
Address_line 3:		Father's mobile:	
Landline		<i>Note: if Guardian rather than parent, please specify.</i>	
Email (for FYO alerts):		Guardian's name:	
Mobile (for FYO alerts):		Guardian's mobile:	

PLAYER DETAILS – PLEASE PRINT

	PLAYER 1	PLAYER 2
Name:		
Date of Birth (dd/mm/yyyy):		
Section (Junior/Senior):		
Player's mobile:		
Instrument:		
Grade (last completed):		
Music Teacher Name:		
Music Teacher Address:		
Music Teacher Mobile:		
Music teacher email:		
PLAYER DECLARATION: "I have read the FYO Rules & Regulations and agree to abide by them"		
Date:		

PARENT DECLARATION: "I have read the FYO Rules & Regulations and agree to abide by them"

Signature: _____ Date: _____

PARENTAL CONSENT FORM

Please note that a signed consent form is a condition of participation in all activities/away trips organised by Fingal Youth Orchestra for those under the age of 18 years.

I/We _____ give permission for my/our child/children listed above, to attend all events and activities (home and away) organised by the FYO committee and to be associated with:

- Image/Video of child/children to appear on FYO promotional material
- Image/Video of child/children to appear on FYO website/Facebook page
- Image/video of child/children to appear in Television documentaries about FYO
- Travel on transport, designated as official, for the purpose of an FYO event
- Car-pooling with other players (min 2 others), for the purpose of an FYO event
- Measuring to gauge clothes sizes by personnel supplying/distributing FYO uniforms
- Swimming on away trips

In the event a Parent/Guardian is not contactable/available; please nominate someone who can be contacted in case of emergency:

Emergency Contact - Name:	Relationship to Child/Children:	Telephone/Mobile Number:
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PLAYER MEDICAL FORM

Please give details of any existing medical condition, allergy, medication or dietary needs which affect or may affect your child. N.B. It is essential that we are informed of any medication that is being taken even when supervision is not required.

Player 1 - Name:	
Player 2 - Name:	

MEDICAL PERMISSION:

In the event of an accident/emergency where I cannot be reached, I give my consent to the doctor/surgeon to administer a general anaesthetic and/or appropriate treatment to my child/children named above:
All expenses incurred are to be reimbursed by us, the parents/guardians, to Fingal Youth Orchestra.

N.B. Both parents/guardians must sign below.

Mother's Signature:	Father's Signature:	Guardian's Signature <i>(if applicable)</i> :
Date:	Date:	Date: