



Orchestra Policies

Attendance

All orchestra members are expected to attend scheduled rehearsals and performances and be seated and ready to play at the designated time. This is essential for the success of the musicians and the whole ensemble! **For ALL absences and tardies, a parent must call their orchestra's registrar or submit an absence request form. Registrar names and phone numbers are posted on the corresponding orchestra web page at ESYOrchestras.org.**

- Taking attendance:** Each orchestra's registrar takes attendance at the beginning of rehearsal to make sure any absent student has been excused from that rehearsal.
- Excused absences:** Personal illness or family emergencies are considered excused absences. Your registrar must be called as soon as possible. If a student is not at rehearsal, your registrar will call you!
- Absence Request:** If there are any other reasons why a musician must miss a rehearsal, an Absence Request Form (available online) must be completed and given to your conductor **at least one week prior** to the missed rehearsal.
- Tardies:** Three unexcused tardies per concert set will be counted as one unexcused absence. Conductor and registrar will determine if a tardy is unexcused.
- Unexcused absence:** Absence without calling the Attendance Phone or submitting an Absence Request Form is considered an unexcused absence. **Each member will be permitted only one unexcused absence per concert set.** Otherwise, they may not be able to play on the upcoming concert.

Rehearsal Schedule (*Specific 2017-18 dates will be posted on individual program pages of our website, www.ESYOrchestras.org beginning Sept 1.*)

String Academy 2 South: Mondays, 4:15pm to 5:45pm, South Eugene HS Band/Orchestra Room

String Academy 2 North: Tuesdays, 4:15pm to 5:45pm, Kelly Middle School Band Room

IMPORTANT: Musicians are expected to arrive early enough to be warmed up and ready to play by the designated time – usually 10-15 minutes. After rehearsal, registrars are available for ONLY up to 15 minutes after rehearsal ends. **Please make sure students are picked up within that time frame so that the registrars don't have to stay longer.**

Program fee payments and refunds

- (1) Every participant must submit the Program Fee/Payment Option form
- (2) Students may not register for next year's programs until all previous accounts are current.
- (3) If your account becomes delinquent your child may be prevented from participating in ESYO programs.
- (4) Full program fee will only be refunded if the orchestra/class is cancelled by ESYO.
- (5) Students who elect to drop out will receive a maximum 50% refund if his/her participation is less than 3 months.
- (6) Students who are unable to attend rehearsals/class due to a long term (4 consecutive weeks or more) physical condition with a doctor's note will receive a prorated refund for missed activities.

Cancelled Classes

- (1) Information concerning cancellation of rehearsals, concerts or classes can be obtained by calling the ESYO office at 541-484-0473 or on our website ESYOrchestras.org.
- (2) All ESYO activities will be cancelled if the Eugene 4j Schools are closed due to inclement weather or school safety considerations.
- (3) ESYO reserves the right to modify a class due to insufficient enrollment, instrumentation or extenuating circumstances.



Musician Agreement (due by Sept 26th, 2017)

RELEASE FROM LIABILITY AGREEMENT

In consideration of the right to participate in ESYO’s activities, I release any and all claims for damages and losses suffered by me or my minor child against ESYO and any officers or agents thereof. I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless ESYO and its agents. I have read and understand the above.

I have read and understand the above agreement and also the ESYO orchestra policies on page 1 of the registration packet.

Musician Name (Last, First): _____

Signature of Student/Musician: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

PHOTO RELEASE

I give permission for use of photos or videos that may include my child for newsletter, web site or other marketing purposes taken during ESYO classes, rehearsals or performances.

I do NOT authorize use of my child’s photo for any reason.

Signature of Parent or Legal Guardian: _____ Date: _____

For office use only:
Non authorization copy to ED _____



Orchestra Membership Form (due by 09/26/2017)
SA2 North ____ SA2 South ____

Musician's Information PLEASE PRINT CLEARLY

Name (Last, First): _____ Student's Email: _____

Mailing Address: _____
(City) (State) (Zip)

Home Phone: (____) _____ Student's Cell Phone: (____) _____

Male ____ Female ____ School in September 2017: _____ Grade Fall 2017: _____

School band/orchestra teacher name: _____ Name of band/orchestra class: _____
(All musicians must be a member of their band or orchestra unless there are extenuating circumstances. Please see eligibility form.)

Instrument: _____ Years Played ____ Play another instrument? How long? _____

Current Private Music Instructor: _____ Private Instructor's phone number: _____

Private Instructor's email: _____

Parent 1 Information

Primary contact for musician? Yes ____ No ____

Name (Last, First): _____ Email: _____

Mailing Address(if different): _____ (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Position (Optional): _____

Preferred Language: English ____ Spanish ____ Other (please specify): _____

Parent 2 Information

Primary contact for musician? Yes ____ No ____

Name (Last, First): _____ Email: _____

Mailing Address(if different): _____ (City) (State) (Zip)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Position (Optional): _____

Preferred Language: English ____ Spanish ____ Other (please specify): _____

For office use only:

QB ____ Access ____ Master Roster ____ Copy to ED with FAA ____ Copy to ED with PLS ____



Eligibility Form and Exemption Application 2017-2018

****This form must be completed by all students and returned to ESYO by Sept 26th, 2017****

All ESYO participants are required to play the instrument they play in their ESYO ensemble in their respective school's band or orchestra for the ENTIRE school year. This requirement was created to maintain a cooperative and supportive relationship between ESYO and the music programs in public and state-accredited private schools. There are a limited number of exemptions from this requirement. If your school does not have a band or orchestra program you are exempt from this requirement. However, you must still complete this form.

YS _____ JO _____ LS _____ SA2 _____ Date: _____

Musician Name (Last, First): _____ Musician Signature: _____

Current School _____ Grade _____ Instrument _____

Please check the appropriate box that applies to your eligibility and complete corresponding sections.

I am currently enrolled in my school's band/orchestra class.

Name of school band/orchestra teacher _____

Name of school band/orchestra class _____

The school I attend does not have band or orchestra as a part of its regular curriculum.

School counselor/administrator signature: _____

I am home schooled and cannot be a member of a school band or orchestra.

Parent or guardian signature: _____

I am a high school junior or senior and am unable to enroll in my school band or orchestra because it conflicts with another class required for graduation. This request will go to ESYO committee for review.

Briefly describe the conflict: _____

School counselor signature: _____

School band/orchestra teacher signature: _____

I am unable to enroll in my school band or orchestra due to reasons other than those listed above. This exemption request will go to ESYO committee for review.

Briefly describe the conflict: _____

School band/orchestra teacher signature: _____

For office use only:
ESYO Committee: Approved _____ Not Approved _____ (recommended action) _____ Copy to ED _____



String Academy 2 Program Fee & Payment Options (due by September 26th, 2017)

Musician Name: _____
Last First

- String Academy 2 program fee – \$310
- Multi-family member discount – \$20 off program fee
(Not available on first child from household. Example: you have 3 children in our programs; therefore you are eligible for this discount for 2 of your children.)

Payment Plans (please choose one)

___ I agree to settle the program fee by one of the following payment plans.

- Full Payment with Registration.** Please enclose check or money order, or complete Credit Card info below.
- 8 Equal Monthly Payments** (Sept 2017-April 2018). Credit Card ***MUST*** be kept on file with ESYO Office. Please complete credit card info below if you are selecting this option.
- 3 Equal Payments** (Due 9/28/17, 12/28/17, and 4/26/18; Credit Card may be kept on file or checks may be mailed before due dates.

Visa/Master card number: _____ Exp. Date: _____

Cardholder name (print): _____

Amount Authorized: _____ one-time / monthly / 3 payment plan (please circle choice)

Authorized Signature: _____

___ I have included a completed financial aid form (page 6). I agree to pay any remaining balance in full or set up a payment plan as listed indicated once notified of scholarship award.

Signature of parent or legal guardian: _____ Date: _____

For office use only:
 QB _____ Amount _____ Payment Type _____ Check # _____ Cash _____ CC _____



ESYO Scholarship Application (by September 26th, 2017)

Name of Student: _____ **Orchestra/Class:** _____

Please check all that apply: *(Due to the availability of funding, the award of one scholarship does not guarantee the award of another)*

- _____ I'd like to apply for a **program fee scholarship**.
- _____ I'd like to apply for an **instrument rental scholarship**.
(applicable to students who rent instruments from ESYO only – see online form)
- _____ I'd like to apply for a **private lesson scholarship**. *This scholarship requires two other forms available online at esyorchestras.org/programs/forms to download. Scholarship consists of \$20 per lesson, maximum 1 lesson per week/5 per month from October 2017 – May 2018.*

MONTHLY FAMILY INCOME INFORMATION (CONFIDENTIAL)

Please list the names of all household members who have income and their monthly earnings (before deductions).

	Name (last, first)	Age	Monthly Earnings (Before Deductions)	Other Income (Welfare, Child Support, Social Security, Alimony, Retirement, Unemployment, Food stamps, etc.)
1.				
2.				
3.				
4.				

TOTAL HOUSEHOLD MEMBERS: _____ **TOTAL MONTHLY INCOME (Before Deductions) \$** _____

DECLARATION

- I agree to pay any remaining balance in full or set up a payment plan as listed on Program Fee & Payment Options form.
- I understand that ESYO reserves the right to request additional supporting document(s) to verify the above-stated income.
- Previous participant's accounts with ESYO must be current in order to be awarded a scholarship.
- I understand that the information on this form must be accurate and is given for the sole purpose of determining qualifications for awarding an ESYO Scholarship.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Please fax or mail with your registration form, and check the appropriate box on page 1 of packet. We will notify you of the scholarship decision and amount, (based on federal guidelines), and the balance due.

<p>For office use only: _____% of ESYO guideline _____ (ESYO Official)</p> <p>_____ Approved PFS _____ Denied PFS \$ _____ amount of PFS \$ _____ Amount of parent portion</p> <p>_____ Approved IFS _____ Denied IFS \$ _____ amount of IFS \$ _____ Amount of parent portion</p> <p>Private Lesson Scholarship (PLS) Financial Evaluation Score: _____ PLS Final Score: _____</p> <p>PLS Approved _____ Denied _____ Copy to ED with FAA _____ Copy to ED with PLS _____</p>
