



Summer Youth Band Registration Form

Student Information

Student's Full Name:

Last

First

Parent's Full Name:

Last

First

Address:

Street Address

Apartment/Unit #

City

State

Postal Code

Email:

Phone:

School Currently
Attending
(2017-2018):

School Attending in
the Fall of 2018:

Grade in
Fall 2018:

How did you hear
about the program?

Have you participated
before?

If so,
when?

Year(s)

T-Shirt Size:

- YS
- YM
- YL
- S
- M
- L
- XL
- XXL
- Other: _____

PARENTS:
Are you available to
volunteer during the day?

- Yes
- No
- Maybe

Please return this form to by Friday, June 1st, 2018 to
Mrs. Gail Rosen
mmbpalsyb@gmail.com
508 Arcadia Ave NE
Palm Bay, FL 32907



Summer Youth Band Registration Form

Instrument Information

Instrument:
(Please circle one)

- | | | |
|----------------|-------------|--------------|
| Flute | Oboe | Clarinet |
| Alto Saxophone | Tenor Sax | Baritone Sax |
| Trumpet | French Horn | Trombone |
| Euphonium | Tuba | Percussion |

Please Select One:

- I will be learning the instrument circled above for the first time
- I have played the instrument circled above for: _____

Years

I also play: _____ **How many years?** _____

Jazz Improvisation

Monday & Wednesday - 11am to 12pm noon. Students must participate in the entire program to be eligible for Jazz Improvisation, have played this instrument for at least 2 years, and know their B \flat , E \flat and F concert scales. Please select the instrument you want to play in the improvisation class.

- | | | |
|----------|-----------|----------|
| Alto Sax | Tenor Sax | Bari Sax |
| Trumpet | Trombone | Drumset |
| Piano | Bass | Guitar |
| Flute | Clarinet | |

I have played this instrument for: _____
Years

Please Select One:

- I own my instrument / I am borrowing my instrument from my school
- I am renting my instrument from:

The Horn Section	Marion Music	Brass & Reed
------------------	--------------	--------------

Please Circle One

Please return this form to by Friday, June 1st, 2018 to
Mrs. Gail Rosen
mmbpalsyb@gmail.com
508 Arcadia Ave NE
Palm Bay, FL 32907



Summer Youth Band Registration Form

Medical Information

Today's Date: _____

Emergency Contact Name: _____

Last

First

Emergency Contact Phone: _____

Name of Family Physician: _____

Last

First

Physician Phone: _____

Food Allergies: _____

Other Allergies: _____

Does your child use an inhaler?
 Yes
 No

Is your child on a medication
 Yes
 No

If yes, which medication? _____

In the event you cannot be reached, do you give permission for a staff member of the Summer Youth Band to act on your behalf should a medical emergency arise while participating in the MMB Summer Youth Band?

Yes, I do give permission
 No, I do NOT give permission

Student Signature _____

Parent Signature _____



Summer Youth Band Registration Form

Picture Release Form

I hereby give permission to Melbourne Municipal Band to use my name and photographic likeness in all forms and media for advertising and any other lawful purposes.

Student Name (Print): _____

Student Signature: _____

Date: _____

I, _____, am the parent/legal guardian of the individual named
Parent or Legal Guardian
above, and have read this release and approve of its terms.

**Parent/Legal Guardian
Name (Print):** _____

**Parent/Legal Guardian
Signature:** _____

Date: _____