Bermuda Youth Orchestra

Student Registration Form

Students Name:_____ Date of Birth: _____
First Last dd/MMM/yy

Preferred Name: _____ Gender: _____
m/f

Students Email: _____

Home Address: _____

_____

_____

Allergies/Medical Considerations: Yes ☐ No ☐

Parents/Legal Guardian: _____

Parents/Guardian Email: _____

Home No.: _____ Work No.: _____ Cell. No.: _____

Additional Contact Information: _____

_____

Instrument: _____ Performance Level: _____
Beg/Int/Adv

Private Instructor: _____ School Instructor: _____

School: _____

Agreement: I/We, _____, the parents/guardians of _____ give permission for him/her to participate with the Bermuda Youth Orchestra. I authourise the Bermuda Youth Orchestra to obtain the necessary primary medical attention for my child in the event of illness or injury.

Signed: _____

Print Name: _____

Date: _____

Bermuda Youth Orchestra
10 Kilderry Drive · Smith's Parish · Bermuda · FL 02
Tel. (441) 705-8205 · E-mail: bermudayouthorchestra@gmail.com