

Advanced Orchestra Registration

Student's Name _____

Parent's Email(s) _____

Address (mailing) _____ City _____ Zip _____

Phone Number: home _____ work _____ Cell _____

Parent(s) Name _____

School _____ Grade _____

Classroom Teacher at School _____

Important health issues that Mr. Emery should be aware of: _____

Do you have internet access at home? Yes No

If Yes, do you have: dial up or hi-speed

Instrument Choice (circle) Violin Viola Cello Bass

My child has permission to enroll in the beginning strings program. I understand and have discussed with my child the commitment he/she is making and have offered my support and encouragement, realizing the high rewards to be gained.

Parent Signature

Student Commitment Agreement

I, _____ agree that I should try the orchestra for one whole year before I might
(student Name)
decide to quit. I have given this a lot of thought and I will try my very best to succeed. I agree
that it is important to practice at least 20 minutes everyday, so I don't fall behind the rest of the
orchestra. I will do my best to succeed everyday, and do my best for the whole orchestra team!

Signed, _____
(Student Signature)