



## Season 2016-2017 Intent to Participate Form

Student Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(as of Fall 2016) (Month/Day/Year)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

MYAC has capacity to send text messages which we use judiciously, but **“certain messaging rates may apply.”** Providing a cell phone number indicates consent to receive occasional, urgent text messages from MYAC.

Student Cell: (\_\_\_\_) \_\_\_\_\_ Parent Cell: (\_\_\_\_) \_\_\_\_\_

**E-mail is our primary mode of communication. Provide the family e-mail address which you use most often:**

@

(REQUIRED!!!) Please print clearly. Thank you very much! REQUIRED!!!!

**Student e-mail address:** \_\_\_\_\_ @ \_\_\_\_\_

(Please print clearly. Thank you again!)

You may receive general MYAC program information from our website at additional e-mail addresses not listed above. To enter e-Subscriptions, visit [www.mya.org](http://www.mya.org).

Parent/Legal Guardian1	
Work Position:	
Workplace:	
Work Phone:	
Custodial Parent:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Reside with Student:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Music Training & Interest:	

Parent/Legal Guardian2	
Work Position:	
Workplace:	
Work Phone:	
Custodial Parent:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Reside with Student:	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Music Training & Interest:	

**Program to Participate in:** Season 2016-17 Ensemble Placement: **Instrument:** (please specify)

**Orchestra**  Reading;  Cadet;  Concertino;  Philharmonia;  Concert;  Symphony \_\_\_\_\_

**Jazz Big Band**  Jazz Ensemble;  Jazz Orchestra;  Jazz Workshop;  Big Band \_\_\_\_\_

**Jazz Combo** \_\_\_\_\_

(Rehearsal Day/Hour; placement for Season 2016-17 to be announced)

**Choral**  Little Maestro Singers;  Mighty Maestro Singers;  Voices Rising;  VX \_\_\_\_\_ voice

**Chamber Music Only** \_\_\_\_\_

(Coach/Rehearsal Day/Hour; placement for Season 2016-17 to be announced)

(Orchestra members please do not select "Chamber Music Only" category. All members of Concert Orchestra and Symphony Orchestra will automatically be considered for chamber music placement. Philharmonia Orchestra members interested in chamber music program can request consideration for placement by submitting a Chamber Music Program Placement Questionnaire on-line.)

I plan to participate in MYAC during Season 2016-2017. I will submit online or have enclosed a **\$100 non-refundable deposit** for **each ensemble** as indicated above which will be applied to **Season 2016-2017 final** tuition invoice. I understand that my student's registration is not considered complete until this deposit is remitted.

I have decided not to participate in MYAC during Season 2016-2017 for the reason specified below.

**Reason:** \_\_\_\_\_

Fill in all blanks and return the entire form with tuition deposit to MYAC Office immediately.

Member Name: \_\_\_\_\_

**Please provide information pertaining to your participation in school music programs.**

Academic school you attend: \_\_\_\_\_  
 (in school year 2016-2017)

School Address: \_\_\_\_\_  
 Street City State ZIP Code

**Music program(s) in which you plan to participate at the above listed school in school year 2016-2017 (Check all that apply)**

Program Name or Level:	Director's Name:	Director's E-Mail Address:
<input type="checkbox"/> Band _____	_____	_____@_____
<input type="checkbox"/> Chorus _____	_____	_____@_____
<input type="checkbox"/> Jazz _____	_____	_____@_____
<input type="checkbox"/> Orchestra _____	_____	_____@_____
<input type="checkbox"/> Other _____ (Please specify)	_____	_____@_____

**Please provide information pertaining to your private music study.**

Your Primary Instrument: \_\_\_\_\_

Private Teacher: \_\_\_\_\_

Private Teacher Address: \_\_\_\_\_  
 Street City State ZIP Code

Private Teacher Phone: \_\_\_\_\_

Private Teacher E-mail: \_\_\_\_\_@\_\_\_\_\_

**Chamber Music Participation – All Concert or Symphony Orchestra members must fill out the Chamber Music Program Placement Questionnaire and submit it on-line.** If you are in Philharmonia Orchestra and would like to be considered for chamber music placement, please fill out the online form as well so that we are aware of your interest.

**Join the MYAC Volunteer Team!**

Volunteerism thrives at MYAC and allows us to offer exceptional performance and concert opportunities! From assisting seating auditions to designing benefit invitations or directing traffic at Bass Fest and Viola Fest, volunteers perform important services to enhance our overall programs. MYAC's Volunteer Coordinator, Karen Dennis, will be emailing you weekly "Volunteer Digests" with news and information about volunteer opportunities at MYAC. If you have any questions related to volunteering, feel free to email [karendennis@mya.org](mailto:karendennis@mya.org)

I understand that MYAC has a family volunteer requirement of four hours per year for each student in MYAC, and agree that our family (student, parent or other family members) will fulfill this requirement sometime during the year.

In lieu of volunteering, our family would prefer to be invoiced an extra \$100/child in MYAC to cover our family volunteer requirement.

\_\_\_\_\_  
 Parent Signature Date

Fill in all blanks and return the entire form with tuition deposit to MYAC Office immediately.

Member Name: \_\_\_\_\_

**Releases** (Please check box to consent)

- I give MYAC permission to publish, or use any photographic pictures of my child on the MYAC web site or brochures for the purposes of publicity, marketing and recruitment. I also *waive* my right to inspect and/or approve the finished product or the use to which it may be applied.
- I give MYAC permission to include my phone number and address in any MYAC Directory.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Returning this form with tuition deposit represents a commitment to participate in Midwest Young Artists Conservatory program(s) during **the entire Season 2016-2017**. MYAC will expect your enrollment in **both fall and spring semesters** and will not fill your place in your current ensemble with another student. The tuition deposit will be applied to your tuition invoice for the season as the final installment. **The tuition deposit is neither refundable nor transferable should you change your enrollment plan for Season 2016-2017.** Please review "Your Responsibilities as an MYAC Member" in the attachment and confirm that you understand your responsibilities, including paying the tuition bills.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Are you planning to apply for financial aid?  No;  Yes**

If "Yes," please submit complete application to MYAC Office by **August 1, 2016**. If you wish to apply for Financial Aid, but miss the August 1, 2016, deadline, your Financial Aid Award may be reduced for each month your application is late.

The application form is available from [https://www.mya.org/pdfs/financial\\_aid.pdf](https://www.mya.org/pdfs/financial_aid.pdf).

**Please fill in ALL the blanks and return entire form to the MYAC office **immediately**.  
**Thank you!****