

# North Vancouver Youth Band – 2010-2011 Member Registration Form

## Please complete (print legibly) and return with your payment by October 1, 2010.

**Student/Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Band Level (Circle one) **B J A**

A. Returning Member \_\_\_\_\_ Level of Band in previous year: **B J S**

B. New Member \_\_\_\_\_ Were you enrolled in the Summer 2010 Program? \_\_\_\_\_

Were you introduced to the NVYB by a current member? **Yes No** Name? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_\_\_

School: \_\_\_\_\_ Grade in September: \_\_\_\_\_ In school band? \_\_\_\_\_ # of years: \_\_\_\_\_

Instrument: \_\_\_\_\_ Do you play another instrument? \_\_\_\_\_

Student e-mail address: (print legibly in block letters) \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian 1: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address: (print legibly in block letters) \_\_\_\_\_ (to receive notices from the band)

Parent/Guardian 2: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address: (print legibly in block letters) \_\_\_\_\_ (to receive notices from the band)

**Please circle the preferred email for the NVYB to use for notices.**

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Health Card # \_\_\_\_\_ Please list any medical concerns for the bandmaster's information:**

**In case of a medical emergency, I authorize the NVYB to transport my child to the nearest medical clinic or hospital emergency ward.**

**I give my permission for the NVYB to use my child's picture in advertising for the band and for our website. Yes No**

**Do you need to car pool or are you willing to car pool?**

**Need rides \_\_\_\_\_ Can share rides \_\_\_\_\_ Can provide rides \_\_\_\_\_ From what area \_\_\_\_\_**

**Parent Participation commitment preference: \_\_\_\_\_**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Date)

FOR ADMINISTRATIVE USE

|   |                          |               |  |
|---|--------------------------|---------------|--|
| STUDENT NAME:                               | BAND LEVEL: <b>B J S</b> |               |  |
| INSTRUCTION FEE RECEIVED/HOW PAID/REMAINING | Amount:                  | Cheque / Cash |  |

