

TRAVERSE

SYMPHONY

ORCHESTRA

## VIOLA DAY Registration

Student Name

Current Grade

Mailing Address

City, State, Zip

Parent/Guardian Name

Email

Home Phone

Cell Phone

Emergency Contact Name

Emergency Contact Phone

What school do you attend?

Do you take private lessons? Yes/no

How long have you played viola?

Who is your private teacher?

**\$10 Registration Fee may be paid online at [TraverseSymphony.org/about/education](http://TraverseSymphony.org/about/education) or via check made payable to *Traverse Symphony Orchestra* and mailed to:  
Traverse Symphony Orchestra 300 E. Front St, Ste 230 Traverse City, MI 49684.**

Do you rent or own your instrument?

Do you read music?

Suzuki? Yes/no/both

What book?

Would you like to perform in a masterclass for your group?  
yes/no

Please list any dietary restrictions

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I give permission for my child to attend Viola Day on May 6, 2017.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date