



Player Profile

2014-2015

Return this form at your audition,
or mail it to P.O. Box 1113, Salem, OR 97308.
www.salemyouthsymphony.org
503-485-2244

Mozart Players
Amadeus Players
Philharmonia
Youth Symphony

First name _____ Last name _____

Date of birth _____ Grade in Sept. ___ M ___ F ___ Instrument _____

Parent/Guardian Name _____

Phone(s) _____ OK to text? Yes No

Employer/Position _____

Parent/Guardian Name _____

Phone(s) _____ OK to text? Yes No

Employer/Position _____

Optional student cell _____ OK to text? Yes No

Mailing address _____

Please list all email addresses where you would like to receive SYS memos.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

School _____ Orchestra/Band Director _____

___ I participate in my school orchestra/band as required by SYS

___ My school does not have an orchestra/band

Private music teacher _____ Other instruments _____

Have you been in SYS before? Yes No

How long in each group? Mozart ___ Amadeus ___ Philharmonia ___ Youth Sym ___

My child has my permission to participate in SYS events. SYS often takes photos or videos of our events for promotional use. Videos of the concerts are often available for purchase. In case of emergency, my child may receive medical treatment. Every reasonable effort will be made to reach the parent/guardian as soon as possible.

Signature of parent/guardian

Relationship

Date