



# Player Profile

# 2017-2018

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

Mozart Players  
Amadeus Players  
Philharmonia  
Youth Symphony

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade Sept. 2017 \_\_\_ Post-HS \_\_\_ 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 (circle)

How long in each group? Mozart \_\_\_ Amadeus \_\_\_ Philharmonia \_\_\_ Youth Sym. \_\_\_\_\_

My child has my permission to participate in SYS events. SYS may take photos or videos of our events for promotional use or concert DVD. In case of medical 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 or Relationship Date

Musician 18 – 22 years of age

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Office: Online enrollment \_\_\_ Volunteer options \_\_\_ Tuition plan \_\_\_