



ENSEMBLES APPLICATION

APPLICATION GUIDELINES

- Print legibly
- Complete all pages of the application
- Use only the space provided
- Attach a resume or brief biography if you have one

REQUIRED APPLICATION MATERIALS CHECKLIST

- Application for admission
- Photo/Liability Release
- Recommendation from private teacher or ensemble coach in a signed, sealed envelope
- \$40 non-refundable application fee, payable to 'Metropolitan Youth Symphony' (please write student name and 'PSE' in check memo line)
- Medical Form

OPTIONAL APPLICATION MATERIALS CHECKLIST

- Resume or brief biography
- Financial aid application

All applications must be postmarked by: March 2, 2018

Mail to: Metropolitan Youth Symphony
4800 SW Macadam Ave, Suite 105
Portland, OR 97239

Questions? Contact Anne Griffin at officemgr@playmys.org or
503-239-4566

PORTLAND SUMMER ENSEMBLES APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Student Name _____

Instrument _____

Years Playing Instrument _____

Age _____

Street Address _____

City, State, Zip _____

Student's Email _____

Home Phone # _____

School _____

Year in School _____

Instrument Teacher's Name _____

Teacher's Phone _____

Teacher's Email _____

Parent's Name _____

Parent's Email _____

Parent's Cell Phone _____

T-Shirt Size (adult only)

How did you hear about us? _____

PORTLAND SUMMER ENSEMBLES APPLICATION FOR ADMISSION

ALL APPLICANTS ANSWER THE FOLLOWING QUESTION:

Why would you like to enroll in this workshop?

APPLICANTS MAY ANSWER THE FOLLOWING QUESTIONS, OR, SUBMIT A RESUME AND/OR BIOGRAPHY:

What is your experience with playing chamber music?

Please list chamber music works that you have studied and/or performed.

**PORTLAND SUMMER ENSEMBLES APPLICATION FOR ADMISSION
Photo/Liability Release**

Photo / video image release: I give MYS permission to photograph and record video images and audio of the musician while participating in any MYS activity. I understand these images and recordings may be used by MYS to promote MYS and/or its musicians. I agree that neither I nor the musician will receive compensation for MYS's use of such images or recordings.

I do NOT accept the terms and conditions for photo/video image release.

WAIVER, RELEASE AND AGREEMENT

1. **Waiver and release of claims.** I hereby waive, release, discharge and agree to hold MYS and its officers, employees, directors and volunteers harmless from and against any and all claims, damages, injuries, or liability of any nature arising from or related to participation of the musician in any MYS activity, including but not limited to rehearsals, performances, and other activities.
2. **Consent to medical care.** As parent or guardian of the musician, in the event of a medical emergency in my absence, I authorize MYS to obtain medical care for the musician, including consent to administration of drugs or anesthesia, medical procedures, evaluation and treatment. I agree to indemnify MYS for any medical expense incurred by MYS in connection with the musician, whether or not it is reimbursed by my insurance.

I accept the above terms and conditions (call MYS office with questions).

Parent or guardian signature: _____ **Date:** _____

Submit this form, along with the medical form, and a check for the registration fee of \$40 to:
MYS, 4800 SW Macadam Ave. Suite 105, Portland, OR 97239



Portland Summer Ensembles
In partnership with Metropolitan Youth Symphony
<http://portlandsummerensembles.org>

TEACHER RECOMMENDATION

Student's Name _____

Teacher's Name _____

Why do you believe this student is a good candidate for Summer Ensembles?

Mail to:
PSE
Metropolitan Youth Symphony
4800 SW Macadam Ave, Suite 105
Portland, OR 97239

Questions? Contact Diana Scoggins, Executive Director, at dscoggins@playmys.org or 503-239-4566