

**STRATHCONA SYMPHONY ORCHESTRA (SSO) MEMBERSHIP APPLICATION FALL 2021 TERM
PLEASE PRINT CLEARLY AND LEGIBLY:**

First and Last Name:	Primary Instrument Played:
Home Address:	City:
Home Phone:	Cell Phone:
Email Address:	
Other Instruments Played or Something About Yourself:	

EMERGENCY INFO *REQUIRED*****

Emergency Contact Name/Relationship:	Emergency Contact Phone Number (s):
ALLERGIES OR OTHER CRITICAL MEDICAL CONDITIONS:	CARRY EPIPEN OR OTHER CRITICAL MEDICATION?:

COMMITMENT AND CONSENT

- ATTENDANCE:** I agree to make every effort to attend all rehearsals and performances. I will advise the secretary or conductor in advance if I am unable to attend a rehearsal or performance.
- MUSIC:** I acknowledge the sheet music provided is property of the SSO and must be returned after each concert or upon leaving the SSO.
- CONCERT DRESS:** I acknowledge the SSO has a concert dress code and I agree to abide by it.
- RECORDINGS & DISTRIBUTION:** The SSO may authorize recordings of performances which could be available online, for purchase or free distribution. I consent to such use of any SSO sponsored performance in which the person named above may take part. I acknowledge that the participant waives any claim to copyright in any part of such recording and any claim to a royalty or other financial compensation based on such participation.
- MEDIA IMAGES:** SSO activities may be photographed or filmed for publicity purposes. In the event the person named above is recognizably depicted in such images, I consent to their use by the SSO in brochures, web pages, press releases, social media, posters, news articles and the like.
- LIABILITY:** I agree not to hold the SSO, or its Directors, Members, or Volunteers responsible or liable for loss, injury or accident in connection with participation in classes, rehearsals, performances, social events, workshops, or other activities sponsored or arranged by the SSO.
- COVID-19 SAFETY PLAN:** I have read the SSO's COVID-19 Safety Plan and agree to comply with its provisions.

Applicant's Signature	Date
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Under 19 years of age:

Parent/Guardian Name:	Contact Number:
Child Birth Date:	Parent EMAIL:
Parent/ Guardian Signature:	Parent for children under 16 years of age is eligible for a SSO Membership with voting rights. Do you wish to become a member? Please Circle: YES / NO

AMOUNT PAID: FALL TERM \$ _____ Date: _____ Cash Chq# Etransfer