

AWARD - WINNING  
**NEW YORK**  
**YOUTH SYMPHONY**

**www.nyys.org**

**Application: 48th Season / 2010-11**

**Instructions for the applicant**

Enclosed is an application for consideration of enrollment with the New York Youth Symphony. All fields must be completed. If any questions do not apply to you, write "N/A" in the space provided. All information is confidential.

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**

**Applicant's Check List**

- Application fully completed (see above)
- Making Score applicants only: addendum
- Photocopy of birth certificate, driver's license, or passport
- One non-refundable \$75 application fee. The single fee covers application to as many programs for which you wish to be considered.  
(make checks payable to **New York Youth Symphony**)
- Passport-size photo (or high quality photocopy)

**Mail or deliver applications**

New York Youth Symphony  
850 Seventh Avenue, Suite 505  
New York, NY 10019-5230  
Office hours: Mon–Fri 10:00am–5:00pm  
Faxed applications: not accepted

**Auditions:**

An audition may be scheduled beginning 15 July 2010 and following the submission of the application. Auditions will not be arranged until your application is complete and payment is received.

**YOU MUST CALL 212-581-5933 TO SCHEDULE YOUR AUDITION.**  
**NEW YORK YOUTH SYMPHONY WILL NOT CONTACT YOU.**

**Visit WWW.NYYS.ORG for more information about auditions.**

Staple one  
passport-size  
photo here  
(for recognition  
purposes only)

**Programs applied for:**

- Orchestra
- Chamber Music
- Jazz Band Classic
- Making Score
- Apprentice Conducting

**1. Personal Information** (please print)

gender:  male  female

.....  
name (as you wish it to appear in programs—first, middle, last)

.....  
e-mail

.....  
mailing address (Sept. 2010 – June 2011)

..... state ..... zip .....

..... - ..... - ..... area code ..... mobile phone .....

..... / ..... / ..... age .....

..... primary instrument ..... no. of years ..... secondary instrument ..... no. of years

race (optional) (NYYS affirms that it admits students regardless of race, color, creed, gender, or sexual orientation.)

- African-American     Native American     Hispanic     Other (please specify) \_\_\_\_\_  
 Asian     Caucasian/White     Multi-ethnic

Have you applied before?  yes  no

Have you participated in our programs before?  yes  no (if yes, please indicate which programs)

- Orchestra     Chamber Music     Jazz Band     Making Score     App. Conducting

**2. Private Teacher Information**

..... area code ..... home phone .....

.....  
e-mail

.....  
mailing address

..... state ..... zip .....

**3. School Information**

entering grade level - or - college level (check one)

..... name of school .....  freshman     junior  
 sophomore     senior

- public     private/parochial     junior high school     high school     college/university/conservatory

..... area code ..... work phone .....

.....  
e-mail

.....  
mailing address

..... state ..... zip .....

.....  
music preparatory school or conservatory currently attending (if different from above)

**4. How did you hear about the New York Youth Symphony?** (check all that apply)

- teacher       family       another musician       school       audition brochure       newspaper  
 NYYS website       radio       other website \_\_\_\_\_       other \_\_\_\_\_

**5. Emergency Information**

\_\_\_\_\_ name of primary care physician (or family doctor)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ area code phone      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ area code parent home phone number

**IN CASE OF EMERGENCY: NOTIFY**

1 \_\_\_\_\_ name

\_\_\_\_\_ relationship      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ area code phone

2 \_\_\_\_\_ name

\_\_\_\_\_ relationship      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ area code phone

Do you have any allergies or other health-related conditions of which the staff should be aware?

No     Yes (please indicate) \_\_\_\_\_

**Preferred Hospital (optional)**

\_\_\_\_\_ hospital name

\_\_\_\_\_ hospital city      \_\_\_\_\_ state      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ area code hospital phone

**\*In the event of an emergency, the nearest hospital will be used, unless conditions permit otherwise.**

**6. Consent to Use Images and Recordings of Applicant**

I hereby consent to the use, in print or any other medium, one or more photographs, video recordings, and/or audio recordings of myself/my child or ward (circle one) participating in New York youth Symphony activities. This use shall be limited to documentation of Symphony activities and publicity and fundraising for those activities.

\_\_\_\_\_ signature – of applicant (if 18 or older) or parent/guardian (if applicant is under 18)      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ date

**6a. General Liability Release: Applicants 18 years of age or older**

Each of the undersigned acknowledges that such programs involve rehearsal at venues, under conditions and with equipment not under the control of the New York Youth Symphony, its employees, or agents; travel to and from rehearsals and other activities of the program; interaction with other participants in such programs; and certain repetitive activities of the undersigned in participating in or practicing for the programs, all of which involve risks of injury to the person and/or the property of the undersigned, which risks the undersigned by executing this release does agree to bear and does agree are the subject matter of the above release.

connection with activities of \_\_\_\_\_ as a participant in New York Youth Symphony programs.  
participant

\_\_\_\_\_ participant signature      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ date

**6b. General Liability/Medical Release: Parent/Guardian of applicants under 18 years of age**

I, \_\_\_\_\_, pursuant to the authority vested in me as parent/guardian of \_\_\_\_\_  
minor's name

do hereby authorize a representative of the New York Youth Symphony to exercise for me on my behalf, all rights and duties with reference to, or in consenting to, appropriate care and treatment, whether at a doctor's office or hospital, or otherwise, and referral as necessary for medical and/or surgical treatment (including anesthetics) and hospitalization (including care and treatment by any hospital staff surgeon, physician or radiologist) which he or she may deem necessary for the emergency care of

\_\_\_\_\_ and on behalf of \_\_\_\_\_  
minor's name      minor's name

**I do consent and agree** to the **General Liability Release** above. The signature below, therefore, applies to both releases (**General Liability Release** and **General Liability/Medical Release**) above. These releases may not be changed orally.

\_\_\_\_\_ parent/guardian signature      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ date

(The signature of the parent/guardian for participants under the age of 18 is required on the **Images and Recordings Consent** portion and the **General Liability/Medical Release** portion of this form primarily to allow the Symphony to use images and recordings of student musicians in printed and internet materials and to procure quickly any emergency care which may be necessary for the student while participating in organizational activities. Be assured that an effort will be made to notify those indicated in item five in case of serious accident or illness.)

applicant name (last, first) \_\_\_\_\_

## 7. Mother / Guardian Information

deceased

salutation name (first and last)

e-mail

home mailing address

city state zip

area code home phone area code mobile phone

occupation employer

business mailing address

city state zip

country

area code business phone area code fax

## 8. Father / Guardian Information

deceased

salutation name (first and last)

e-mail

home mailing address

city state zip

area code home phone area code mobile phone

occupation employer

business mailing address

city state zip

country

area code business phone area code fax

**9. Grandparents Information** (complete for all living grandparents)

1 salutation name (first and last)  
home mailing address  
city state zip

2 salutation name (first and last)  
home mailing address  
city state zip

3 salutation name (first and last)  
home mailing address  
city state zip

4 salutation name (first and last)  
home mailing address  
city state zip

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## 11. Supplemental Making Score Questionnaire (Note: This page is for Making Score applicants only)

Instrument(s) played

Teachers

Clefs read

1. Why are you applying for Making Score?

2. Have you composed music before?     yes     no    If yes, what types of pieces have you written?

3. Describe briefly your most significant musical experience.

4. List some of your favorite composers.

5. What music would you like to learn more about?

6. Are you able to devote up to eight hours per month to complete assignments between sessions?     yes     no

7. Attendance is mandatory at each workshop as well as at the final concert on May 4, 2011.  
Does this requirement present any difficulty for you?     yes     no