

1. QYO MEMBERSHIP FORM for 2018

PERFORMER MEMBER INFORMATION

The Membership, Medical and Camp Forms must be completed, signed and returned to QYO by **Monday 20 November 2017**. Please email a signed, high quality PDF scan of this form to auditions@qyo.org.au OR print and post OR deliver by hand to QYO Office. The postal address is PO Box 40, Royal Brisbane Hospital QLD 4029 and the office address is Old Museum Building, 480 Gregory Tce, Bowen Hills, open Monday to Friday, 9am to 5pm.

Surname: First Name: Gender: M / F

Address: Suburb: Postcode:

Home phone: Member's mobile: Date of birth:

QYO ensemble in 2018: Instrument & position:

Instrumental teacher in 2018: Uni course (if applicable):

Name of school/uni/work in 2018: Year level in 2018:

Member email: Please tick if you are of Aboriginal or Torres Strait Islander origin

PARENT/GUARDIAN INFORMATION

1. For contact in case of emergency – if you have two parents/guardians, please fill in all relevant fields below.
2. Under the QYO Constitution, one parent/guardian of a Performing Member aged under 18 must be registered as an Associate Member with voting rights at the AGM. The first parent/guardian listed below will automatically become an Associate Member if you/your child is under 18 years of age.

First Parent/Guardian Name:

The First Parent/Guardian of a member aged under 18 has voting rights at the AGM.

Gender: M / F Email:

Address: (if different from member)

Phone: work: home: mobile:

Occupation: Workplace:

Second Parent/Guardian Name: Email:

Gender: M / F Address: (if different from member)

Phone: work: home: mobile:

Occupation: Workplace:

MEMBER/PARENT DECLARATION

1. For members currently aged under 18: I give permission for my child to participate in Queensland Youth Orchestras (QYO) activities in 2018, including, but not limited to, rehearsals, concerts, tutorials, music camps, day trips and tours.
For members aged over 18: I accept a position in the above QYO orchestra in 2018.
2. I have read and understand the enclosed Performing Membership Information.
3. I hereby release and indemnify QYO, its officers, volunteers, agents and members against any liability in relation to my / my child's participation in QYO activities, and when traveling to and from such activities.
4. I authorise QYO, in the event of any injury or illness occurring during QYO activities, to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by QYO.
5. I grant QYO the right to use my/my child's name, likeness, voice and biographical information for QYO marketing and fundraising purposes and I grant QYO the exclusive license to record, reproduce, sell reproductions of, and broadcast any QYO performances that I/my child is involved in. This includes the audiovisual recording, production and distribution of DVDs of the QYO Finale Concert in October 2018.
6. I am aware of the QYO Privacy Policy available from the QYO website and I consent to the information collected on this form and through QYO activities to be used in accordance with the rights and obligations set out in that policy.
7. I declare that the information provided on this form is correct and I have arranged a deposit or full payment of fees.

Signature of Parent/Guardian (if member is aged under 18) or of Member (if member is aged 18 or over) on the date of signing:

Name Signature Date

Office entered SF:

2. QYO MEMBERSHIP FEES for 2018

The membership fee includes an annual music camp for QYO2, QYO3, WS, WE & JSE and a uniform hire fee for QYS & JSE. It also covers the provision of three CD concert recordings to each member in 2018. Please lodge forms from the same family together if possible.

	1 st Member *	2 nd & subsequent family members
QYO2, QYO3, JSE, WS & WE	\$620	\$550
QYS	\$550	\$480
Big Band	\$500	\$430

Member's first & last names: Ensemble:

2018 Membership Fee: \$

PAYMENT OPTIONS (forms & payment due Monday 20 November 2017)

- Full payment
 \$ 150 deposit *
 \$ 300 deposit * * balance to be paid by 18 January 2018 Office use for invoice setup

METHOD OF PAYMENT

- Internet Transfer *QYO's preferred method of payment*
 1. QYO's bank account details: BSB: 014245 Account No: 495031908
 2. Enter member's name & ensemble in the memo field, eg. *Joshua Bell JSE*
 3. Enter memo field text here also so that QYO can reconcile:
 4. Email confirmation of your transfer to accounts@qyo.org.au
 5. Receipt no. and date of payment:
Please do not attach printout of internet receipt
 7. Email signed, scanned high quality PDF OR print and post OR deliver by hand the membership/medical/camp forms to QYO by the due date
- Credit Card *Surcharge applies*
 1. See the home page link to 'membership fees' at www.qyo.org.au
 2. This link opens *Seat Advisor*, QYO's Old Museum Venue ticketing system
 3. Create an account and choose the appropriate membership fees payment option
 4. *Seat Advisor* will automatically send payment advice to QYO
 5. Receipt no. and date of payment:
Please do not attach printout of internet receipt
 6. Email signed, scanned high quality PDF OR print and post OR deliver by hand the membership/medical/camp forms to QYO by the due date
- Deposit cash into ANZ Bank branch. Acc. Name: Qld Youth Orchestras BSB: 014245 Acc. No.: 495031908
 Please ask bank teller to enter your mobile or home number as the reference so QYO can reconcile the payment.
 Please write your reference here:

Cash in person at QYO Office Amount: \$ Date: QYO staff name:

Cheque / money order (*payable to QYO*) Amount: \$

2018 VOLUNTEERS

QYO relies on volunteers for a wide variety of tasks and we encourage parents to participate. If you are able to help, please tick/circle as applicable.

Name of Volunteer/s:

- Ensemble:** Administrator, Asst. Administrator, Librarians, Stage Managers, Catering (for visiting ensembles and breakup party)
 Billets: Approx. 3 families required for 10-night homestays during October for interstate NYCC soloists
 Pre concert at twilight: Usher, ticket seller, parking marshall, assist stage setup
 During concert at twilight: Photograph & video concert from balcony (with QYO's cameras or your own)
 Post concert at twilight: Assist to strike stage, pack away percussion, stack chairs/stands and assist lock up of building
 Office: Ad hoc hours - Sorting music, photocopying, data processing, mail-outs, other PC-based work
 Skills: Please list skills you could offer (eg. photography, Salesforce database, MYOB or Xero software, catering, carpentry)

.....

Office entered MYOB:

3. MEDICAL STATEMENT FOR ALL 2018 QYO ACTIVITIES

Please select your orchestra:

Member's first & last name: Instrument:

Medicare Number: Gender: M / F

Name of Private Health Fund (if applicable) M'ship No:

Immunisation. It is recommended that you are fully immunised as per the schedules in *The Australian Immunisation Handbook*. Some circumstances may require special consideration before vaccination.

Date of last tetanus immunisation (the government offers funded tetanus vaccinations to 4 year olds and Grade 10 school students): Your date of birth: Blood type (if known):

Do you wear a medical alert necklace/bracelet? **Yes No** If Yes, please give details below:

.....

Do you take any medications regularly? **Yes No** If Yes, please give details below:

Name of medication	Dose	Method of administration
--------------------	------	--------------------------

.....

.....

Do you have any allergies (eg. drugs, food, plasters, toiletries, insects)? **Yes No**

Allergies	Type & severity of reaction	Treatment
-----------	-----------------------------	-----------

.....

.....

Do you have any special dietary requirements (eg. medical, religious, other)? **Yes No**
If Yes, please give details below. If you are vegetarian, please specify lacto-ovo, lacto, ovo, vegan or other:

.....

.....

Do you use any medical aids? **Yes No** If Yes, please give details below:

.....

Medical Conditions

Please tick if you have any of the following conditions, so that provision can be made for you or your child's welfare. Please also give details regarding any affirmative answers in the space provided below:

- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Angina | 9 <input type="checkbox"/> Diabetes | 17 <input type="checkbox"/> Nose Bleeds |
| 2 <input type="checkbox"/> Arthritis | 10 <input type="checkbox"/> Ear Infection | 18 <input type="checkbox"/> Skin Condition |
| 3 <input type="checkbox"/> Asthma | 11 <input type="checkbox"/> Epilepsy | 19 <input type="checkbox"/> Sleep Walks |
| 4 <input type="checkbox"/> Back Problem | 12 <input type="checkbox"/> Hay Fever | 20 <input type="checkbox"/> Stroke |
| 5 <input type="checkbox"/> Blackouts | 13 <input type="checkbox"/> Hearing Disorder | 21 <input type="checkbox"/> Travel/Motion Sickness |
| 6 <input type="checkbox"/> Bleeding Disorders | 14 <input type="checkbox"/> Heart Trouble | 22 <input type="checkbox"/> Tuberculosis |
| 7 <input type="checkbox"/> Blood Pressure | 15 <input type="checkbox"/> Hives | |
| 8 <input type="checkbox"/> Bronchitis | 16 <input type="checkbox"/> Migraine | 23 <input type="checkbox"/> Other |

Details:

Performing Member's Name & Signature: Date:
(if member is over 18 years old on this date)

Parent/Guardian's Name & Signature: Date:
(if member is under 18 years old on this date)

Important: Should your medical condition change in any way before 31 December 2018, it is your obligation to advise the QYO office immediately of this change.

4. 2018 MUSIC CAMP PERMISSION FORM

Please read, complete and return this form with your Membership, Membership Fees & Medical Form by **Monday 20 November, 2017**.

General: Members of QYO2, QYO3, JSE, WS & WE attend a weekend music camp in February or March each year. The camp starts late Friday afternoon and ends Sunday afternoon. It comprises rehearsals and tutorials and some recreational activities. The costs for accommodation, meals, tutorials, rehearsals and bus transport (if applicable), is included in the annual membership fee.

2018 Music Camp Dates and Locations:

Fri 2 to Sun 4 February 2018: QYO2 camp at Luther Heights, Coolum
 Fri 2 to Sun 4 February 2018: JSE camp at QCCC Brookfield
 Fri 9 to Sun 11 February 2018: QYO3 camp at QCCC Tamborine
 Fri 23 to Sun 25 February 2018: WE camp at Watson Park Convention Centre
 Fri 2 to Sun 4 March 2018: WS camp Luther Heights, Coolum

Websites:

lutherheights.org.au
 qccc.com.au
 qccc.com.au
 watsonpark.com.au
 lutherheights.org.au

More detailed information will be emailed or posted to members by 12 January 2018. Those unable to attend the camp will be eligible for a refund of \$110. If you know now that you cannot attend, please return the medical & camp forms, stating that you cannot attend and deduct \$110 from the membership fee. Otherwise, please email QYO for a refund.

Bus Transport Survey: QYO will arrange buses from the Old Museum Building to Luther Heights and return for WS & QYO2 camps; bus one way only from Old Museum Building to Watson Park for WE camp; and buses from the Old Museum Building to Mt Tamborine and return for QYO3 camp. There are no buses provided for the JSE camp. This is only a guide and your ensemble administrator will survey members again approximately 2 weeks prior to each camp to confirm bus numbers.

Are you likely to travel by bus? YES probably / NO probably not

Declaration:

Member's first & last names: Ensemble & instrument:.....

Parent/Guardian contact details during camp weekend in case of emergency:

Name/s:

Phone: home mobile 1 mobile 2

For performing members aged 18 or over: I will be attending the music camp. YES NO

For performing members aged under 18: As parent/guardian, I consent to my child attending the camp. YES NO

- I understand that all reasonable care will be taken by QYO supervisors and that QYO and its officials are not responsible for accidents or misadventure.

- I understand that I/my child must comply with QYO and Campsite regulations and that any breach of these or lack of co-operation with supervisors may result in my/my child's early return from camp at my expense.

- I understand that QYO is not responsible for damage or loss to my/my child's instrument or other personal belongings.

- I give consent for QYO staff to seek qualified medical treatment for me/my child should it be necessary and I understand I am responsible for the costs. Treatment includes the issue of headache tablets such as Panadol as prescribed by the manufacturer, and the administration of anaesthetic and/or blood transfusions by qualified practitioners.

- I consent to my child swimming at the campsite's swimming pool during supervised, recreational breaks during the camp..... (There will be no beach swimming.)

Performing Member's Name & Signature: Date:
 (if member is over 18 years old on this date)

Parent/Guardian's Name & Signature: Date:
 (if member is under 18 years old on this date)