

# 2018 QYO RESERVE MEMBERSHIP FORM



## RESERVE MEMBER INFORMATION

This form must be completed and returned to the QYO Office by **Monday 20 November, 2018**. Please sign, scan and email a high quality PDF (maximum 5mb file size) to [auditions@qyo.org.au](mailto:auditions@qyo.org.au), or post to QYO Membership, PO Box 40, Royal Brisbane Hospital QLD 4029, or deliver in person to the QYO Office, Old Museum Building, 480 Gregory Tce, Bowen Hills, Mon-Fri, 9-5pm.

Member's first & last names: ..... Gender: M / F  
Address: ..... Postcode: .....  
Phone: Home: ..... Member's mobile: ..... Date of Birth: .....  
In which orchestra have you been offered a Reserve position? ..... Instrument: .....  
Instrumental Teacher: ..... Uni Course (if applicable): .....  
Name of School/Uni/Work next year: ..... Grade/Yr in 2018: .....  
Email: ..... Please tick if you are of Aboriginal   
or Torres Strait Islander Origin

**What is a Reserve Member?** Reserves are placed on a waiting list and notified, in order of reserve ranking, if a player declines their initial offer or withdraws during the year, causing a position to become available. If you are offered a position, you must accept or decline the new offer by phone or email immediately, and return your membership forms and payment of a deposit or full fees within 7 days. On occasions, Reserves may be asked to attend rehearsals, tutorials and concerts if a player is unavailable or when certain repertoire requires additional players.

## 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 and if the member listed above is offered a position in 2018.

**1<sup>st</sup> Parent/Guardian Name:** ..... **Email:** .....  
**Address:** (if different from member) ..... **Postcode:** .....  
**Phone Numbers:** (work) ..... (home) ..... (mobile) .....  
**Occupation:** ..... **Workplace:** .....  
**2<sup>nd</sup> Parent/Guardian Name:** ..... **Email:** .....  
**Address:** (if different from 1<sup>st</sup> Parent/Guardian) ..... **Postcode:** .....  
**Phone Numbers:** (work) ..... (home) ..... (mobile) .....  
**Occupation:** ..... **Workplace:** .....

- For those aged under 18: I give permission for my child to participate in QYO activities, if required, in 2018, including, but not limited to, rehearsals, concerts, tutorials, music camps, day trips and tours.  
For members aged over 18: I accept a Reserve position in 2018.
- I have read and understand the enclosed Performing Membership Information.
- 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.
- 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.
- 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.
- 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.
- I declare that the information provided on this form is correct and I have arranged part of full payment of fees.

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

**Name** ..... **Signature** ..... **Date** .....