Central Wisconsin Youth Symphony Orchestra Program Registration Form

Please note that registration is for the full semester. All CWYSOP communication will go to the parent's email address. Registration is also available online at www.uwsp.edu/cwysop. Payment is required at the time of registration. Please fill out the form completely, including the second page.

Registering for:
□ Symphony Orchestra - $310 Full Year
□ Philharmonia - $215 Full Year

Student
First Name: _____ Last Name: _____
Student Cell Phone: _____ Student Email: _____
Date of Birth: _____ Age: _____ Grade in Fall 2019 _____ Gender: ☐Male ☐Female ☐Other
School Name: _____ City: _____ Zip: _____
Music Teacher's Name: _____ Signature: _____
Principal Name: _____ Signature: _____

Parent/Guardian
First Name: _____ Last Name: _____
Cell Phone: _____ Email: _____
Address: _____ City: _____ Zip: _____

Student's Music Information
Instrument student will play in ensemble: _____ Years studied: _____
Other instrument(s) student plays: _____ Years studied: _____

Prior Music Participation
State Honors Band: ☐Yes ☐No If yes, how many years? _____
State Honors Orchestra: ☐Yes ☐No If yes, how many years? _____

Student ensemble competitions: When and what class solo did you play?

Other music competitions/awards/honors:

Photo/Video Permission
For promotional, teaching or advocacy purposes, photographing and videotaping are occasionally done in our programs. May UWSP and CWYSOP use your child's photograph for promotional or advocacy purposes?
□ Yes □ No Parent/Legal Guardian Initial: _____

UWSP Release of Liability

I and my heirs, in consideration for my child to be allowed to participate voluntarily in the Central Wisconsin Youth Symphony Program through the University of Wisconsin – Stevens Point, do hereby release the University of Wisconsin System and its employees, officers and agents from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglement and death, which might occur while participating in this program. I also understand and acknowledge that my child is responsible for their own well being while participating, and I understand the possible dangers and risks involved in this program.

Parent/Legal Guardian Signature: _____

Cancellation Policy

If for any reason a student is unable to continue in the program, the refund policy is as follows:

1. Withdrawal on or before September 15, 2019: Refund of total fees paid minus a $25 processing fee.
2. Withdrawal September 16, 2019 through October 4, 2019: $50 refunded.
3. No refunds for withdrawals after October 5, 2019.

Payment Method

□ Check Payment (Payable to UWSP Continuing Education)

□ Credit/Debit Card Payment (We accept VISA, MASTERCARD and DISCOVER)

Card Holder's Name:_____
Billing Address: _____
City: _____ State: _____ Zip:_____
Phone Number: _____ Email: _____

Card Number: _____ Expiration Date: _____

Mail this registration along with payment to:

UWSP Continuing Education
2100 Main Street, Old Main 032
Stevens Point, WI 54481

CWYSOP scholarships are limited and may be available to students who express a financial need, complete an application, and who pass audition requirements. If you qualify for free or reduced lunch or need financial assistance, you must apply by downloading and completing the scholarship application packet. Do not use this form if you are applying for a scholarship. Amounts may be awarded based on need, available funds, and the number of applicants. Scholarships are not based on musical merit. If you would like the scholarship application packet to be mailed to you, please contact the Continuing Education office at 715-346-3838.