



Registration SHJO 2023-2024 Season

Youth Member

Adult Member

Musician's Name _____

Instrument _____

Street Address _____ Date of Birth _____ Gender _____

City, State, Zip _____ Musician's Email _____

Member's Cell Phone _____ Text? Yes No

Name of Emergency Phone Contact _____ Phone _____

Name of Parent/Guardian #1 _____ Home Phone #1 _____

Parent #1 Email _____ Cell Phone#1 _____ Text? Yes No

Name of Parent/Guardian #2 _____ Home Phone #2 _____

Parent #2 Email _____ Cell Phone#2 _____ Text? Yes No

School District _____ Grade and Building _____

School Music Director _____ Email _____ Office Phone _____ Ext _____

Private Instructor _____ Email _____ Phone _____

Private Instructor's Street Address _____ City, State Zip _____

Tee shirt size of member _____ (Adult Small, Medium, Large, XLarge, XXLarge, Youth Medium, Youth Small)

We have read the SHJO Handbook and agree to follow the guidelines. We also understand that SHJO adheres to the disciplinary expectations of the Upper St. Clair High School Student Code of Conduct as printed in the USCHS Student-Parent Handbook, which is available online at <https://www.uscsd.k12.pa.us>

Member Signature

Parent Initials

Date

I give my child _____ permission to participate in the activities of South Hills Junior Orchestra

Parent Signature

Date

Throughout the season, group photographs of the Orchestra will be taken. Photos may also be taken of smaller groups within the Orchestra. Photos may be used for publicity and may be taken by news reporters and outside parties. Unless you indicate otherwise we assume you are not opposed to photographs. However, if you do not want to have your child photographed for publicity purposes in newspapers, magazines, on the website or on Facebook, please sign below to opt out of photos other than a formal large group picture.

Optional: Please do not photograph my child to use in publicity photographs for SHJO.

Parent Signature

Date

All families are members of the Boosters. It is anticipated that every booster will sign up for at least one activity.

Snack Table Committee

Banquet Committee

Pre-Concert Snack Committee

Hospitality Committee

Fundraising Committee

Halloween Party Committee

Ice Cream Social Committee

Pizza Party Committee

Concert Receptions Committee

Name _____

NOTE: Since the nature of this activity is one involving both adult members, youth members and boosters, all adults are required to provide copies of their Pennsylvania Act CY-133 and Act SP4-164A valid as of January of 2019. Copies of clearances are due to the Managing Director by October 6, 2019. Clearances can be obtained on-line, free of charge, for volunteers by following the instructions included on the website. www.shjo.org