



DEBUT STRINGS

Debut Strings - Conductor Angela Allen
Rehearsal and Concert Spring 2022 Season

**All rehearsals will be held in the Community Rehearsal Room from
5:00 – 6:15 pm unless noted otherwise.**

Spring 2022

January 31

February 7

February 14

February 21

February 28

March 7

March 14

March 21

March 28

April 4

April 11 - Drendel Auditorium Rehearsal

April 18 - NO REHEARSAL, EASTER WEEKEND

April 25 - Drendel Auditorium Rehearsal

April 28 - NO REHEARSAL

May 2 - Drendel Auditorium Rehearsals starting at 5 PM, Concert 7 PM



DEBUT STRINGS

Payment

Payment is expected by the second rehearsal, but payment plans are available, if needed. Tuition can be brought to rehearsal or paid online. Annual tuition is \$65. Tuition does not include admission price for guests to hear your performances. Admission to Debut Strings concerts generally costs \$5 per person, payable at the door, and helps support the Debut Strings program.

Participation

Responsibilities as a member of Debut Strings include the expectation that you will attend all rehearsals and perform in all concerts. On-time arrival at all events is expected. Failure to meet expectations could result in dismissal, without refund.

COVID Protocols

Here are the parameters we will work inside of this Spring:

- Everyone will wear a mask at all times while in the building
- There will be no sharing of equipment, ie, stands, instruments, chairs, etc.
- Ventilation systems will remain on during rehearsal times to constantly refresh air

WPS Professional Concerts

Debut Strings members are given a complimentary ticket for two WPS concerts throughout the year. This season, we will give students tickets for *Foothills Pops III: A Down Home Christmas* and *Masterworks III* with guest violinist Tai Murray. Students are encouraged to come see both of these wonderful performances!

Debut Strings Concert Nights

On concert nights, there will be a rehearsal prior to your performance – both will be held in Drendel Auditorium at the SALT Block. Dinner will be provided before the rehearsal & performance. Concert dress is black pants/skirt + black shirt/blouse. Final details will be given closer to concert dates.

Tuition does not include admission price for guests to hear your performances, so please tell your attendees to plan accordingly. Admission to Debut Strings concerts costs \$5 per person, and helps support the program. Tickets are available at the door and starting this year, you may also buy tickets ahead of time online or at the box office!

We look forward to having you with us this season!



DEBUT STRINGS

I understand my responsibilities as a member of Debut Strings, including the expectation that I will attend all rehearsals, perform in all concerts, and arrive at all of these engagements on time.

Agreed and accepted by:

Print Name of Musician: _____

Signature of Musician _____ Date _____

Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)

Return this form with your tuition payment of \$65 by Monday, February 7, 2022

If you have questions/concerns, need to make a payment arrangement, or would like to request a scholarship, simply let us know! Contact WPS – 828.324.8603 or debutstrings@wpsymphony.org



DEBUT STRINGS

Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH WESTERN PIEDMONT SYMPHONY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Western Piedmont Symphony, (WPS) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name and Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)



DEBUT STRINGS

_____ (Student's Name) has my permission to attend all rehearsals and concerts of the Western Piedmont Symphony Youth Orchestras program. I understand that all reasonable precautions have been and will be taken for the safety of my child. I further agree to hold harmless the Western Piedmont Symphony, its agents, servants, and employees against any and all liability, loss, damages, costs, or expenses which the above-named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Western Piedmont Symphony.

EMERGENCY AND HEALTH INFORMATION FORM

Student's Name:	Telephone #:
Date of Birth:	Home Address:
Father's Name:	Contact Phone #:
Mother's Name:	Contact Phone #:
Legal Guardian's Name:	Contact Phone #:
Name of contact in case of emergency, if parent cannot be reached:	
Emergency Contact Address:	
Emergency Contact Phone #:	

Family Doctor:	
Address:	Telephone #:
Health Insurance:	Company:
Policy # :	Telephone #:
Unusual Health Conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart <input type="checkbox"/> Convulsive <input type="checkbox"/> Seizures Other Condition _____ Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name _____	
Any other health related issues:	
If emergency treatment is required and parent cannot be reached, what does the parent want the organization to do? (Please indicate by circling either YES or NO)	
<ol style="list-style-type: none"> 1. Contact closest medical facility? YES NO 2. Contact a physician from local referral agency? YES NO 3. Take child to nearest hospital? YES NO 4. Other Suggestions: 	
I hereby authorize emergency medical treatment for my child _____ (Child's Name)	
Signature of Parent or Legal Guardian: _____	
Date: ___/___/___	