

WESTERN PIEDMONT YOUTH SYMPHONY

**Western Piedmont Youth Symphony - Conductor David Wortman
Rehearsal and Concert Schedule Spring 2022 Season**

**All rehearsals will be held in the Community Rehearsal Room from
6:30 – 8:30 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

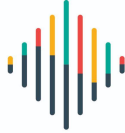
April 18 - NO REHEARSAL, EASTER WEEKEND

April 25 - Drendel Auditorium Rehearsal

April 28 - Concert for MS and HS students at LRU (TBD)

May 2 - Drendel Auditorium Rehearsal, 5:00 - 6:00 PM

Concert, 7:00 PM



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Payment

Payment is expected by the second rehearsal, but payment plans are available, if needed. Tuition can be brought to rehearsal or paid online. Spring tuition is \$75. Tuition does not include admission price for guests to hear your performances. Admission to WPYS concerts generally costs \$5 per person, payable at the door, and helps support the WPYS program.

Participation

All musicians will audition for chair placement each year. Other opportunities for chair placement will be available throughout the season. Responsibilities as a member of the Western Piedmont Youth Symphony include the expectation that you will attend all rehearsals, perform in all youth symphony concerts, and serve as a volunteer for at least one Western Piedmont Symphony concert per season. On-time arrival at all events is expected. Professional behavior is expected at all times. 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
- Wind players will use bell covers while playing, when recommended by current guidelines.

Volunteering at Our Professional Concerts

WPYS members are expected to volunteer for one of our professional concerts per season, where they will have the ability to meet and assist many of the patrons who help support the WPYS program; and to hear performances from artists who once started out as young musicians themselves! You will select the performances during registration.

Volunteers should arrive by 5:30 p.m. in black pants/skirt + black shirt/blouse and check in with the house manager in the lobby of the auditorium. Doors open to the public at 6:30 p.m., so arriving on time gives us about one hour to go over procedures. Once the performance begins at 7:30 p.m., you are encouraged to stay and enjoy the concert. Your admission is complimentary. If you have a parent or other person driving you to volunteer, we will happily offer one additional complimentary ticket, as well, if they would like to stay and enjoy the performance with you. In order to take advantage of the complimentary ticket offer, please advise WPS staff the week before the concert.

While we make every attempt to send out reminders to you about the dates you've volunteered, this is ultimately your responsibility. WPS staff depends on volunteers, so if you've signed up and can't make it, ask a fellow WPYS member to sub for you.

WPYS Concert Nights

On concert nights, there will be a 5 p.m. rehearsal prior to your 7 p.m. performance – both will be held in Drendel Auditorium at the SALT Block. We will break for dinner between the rehearsal & performance. Concert dress for youth symphony musicians 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 WPYS concerts costs \$5 per person, and helps support the WPYS orchestra 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!



WESTERN PIEDMONT YOUTH SYMPHONY

General Media Release Form

I, the undersigned, understand that my participation in Western Piedmont Youth Symphony may be photographed, video-, and audio-recorded.

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to, educational and other public media as may be deemed appropriate by Western Piedmont Symphony and its affiliates. I understand that I may be identifiable from such photographic or electronic reproduction. I understand that there will be no financial or other remuneration for recording me either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

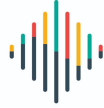
THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

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.)



WESTERN PIEDMONT YOUTH SYMPHONY

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

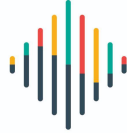
Date

Participant's Name and Age

Parent/Guardian Signature

Date

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



WESTERN PIEDMONT YOUTH SYMPHONY

_____ (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? YES NO If yes, complete the following:

Diabetes Heart Convulsive Seizures

Other Condition _____

Allergies YES 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)

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: ___/___/___