



2010 PMI REGISTRATION FORM

Registration Fee: **\$300**

Name _____ Male Female Date of Birth _____ Age _____

Address _____ City _____ Zip Code _____

Email Address _____ Home Phone _____ Cell Phone _____

School _____ Grade in September 2010 _____ Instrument _____

Private Teacher _____ Number of year(s) of lessons _____

Have you been a member of HYS? Yes No If yes, previous HYS Group _____ Number of year(s) in HYS _____

Will you participate in the Jazz Band? Yes No Instrument in Jazz Band _____

Parent/Guardian Names	Work Phone	Cell Phone	E-mail
Father/Guardian			
Mother/Guardian			

Choose One:

- Enclosed is my check for **\$300** (Registration only) made payable to **HYS**.
- Enclosed is my check for **\$840** (Registration + Housing Package) made payable to **HYS**.
- Please charge **\$305** (Registration only + \$5 handling fee) to the credit card below.
- Please charge **\$850** (Registration + Housing Package + \$10 handling fee) to the credit card below.

- Mastercard VISA AmEx Discover

Name of Cardholder _____

Card Number _____ Expiration Date _____

Signature _____

Please mail Registration Form, Release for Emergency Care Form and payment to: Hawaii Youth Symphony/PMI, 1110 University Avenue, Suite 200; Honolulu, HI 96826-1508. **Deadline for submission is July 9, 2010.**

PMI Agreement

As a member of the Pacific Music Institute (PMI), I will abide by the following rules: 1) no cigarette smoking; 2) no gambling; 3) no selling, possessing, consuming or being under the influence of drugs, narcotics, hallucinogens or alcohol. In any case of misconduct, the administrators of the PMI will enforce immediate disciplinary action. We also understand that HYS, the University of Hawaii and Pearl City Cultural Center are not responsible for articles damaged, stolen or missing, or any injuries received while attending PMI. Medical treatment, which might be advised or recommended in case of emergency, is authorized. I understand I am responsible for any medical costs incurred.

Parent or Guardian's Signature / Date

Student's Signature / Date



CONFIDENTIAL INFORMATION

Release for Emergency Care (PMI 2010)

- I hereby give my consent to any emergency facility and/or physician to administer any treatment that such facility or physician may deem necessary or appropriate to my child.
- In the event of an emergency during which I cannot be reached, I give consent to transport by ambulance if the situation warrants it.
- I understand that I will be responsible for all expenses associated with above medical treatment. I will defend, indemnify and hold Hawaii Youth Symphony and its officers, directors, agents, volunteers and attorneys harmless from and against any damages, liabilities, claims, costs or expenses arising from any such medical treatment.

Student Name: _____

Emergency Contact Person: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical conditions (i.e. allergies, asthma, etc.):

Medications currently taking: _____

Date of last DPT or Tetanus: _____

Medical Insurance Plan Covering Child: _____

Policy Number: _____ Policy Holders Name: _____

Father/Guardian's Signature & Date

Mother/Guardian's Signature & Date

**IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY
HYS OF ANY CHANGES IN THE ABOVE INFORMATION.**

Please mail with Registration Form to:

Hawaii Youth Symphony/PMI, 1110 University Avenue, Suite 200, Honolulu, HI 96826

E-mail: admin@HiYouthSymphony.org Web: www.HiYouthSymphony.org Phone: (808) 941-9706 Fax: (808) 941-4995