Registration Form

MIMYO Suzuki Strings - **2026-2027**

Completed applications may be emailed to Marge Shasberger at the email below, or mailed to the MIM Office (Music In The Mountains ATTN: Marge, 465 S. Auburn St., Grass Valley 95945). **Contact: Marge Shasberger marges@musicinthemountains.org .**

Musician information/Contact:

Please enter your name as you would like it to appear on the concert program. Email is the primary form of contact for MIMYO, so please include any email addresses for which you would like to receive MIMYO information.

Participant's Name:_____ Instrument(s):_____

Age: ____ Date of Birth _____ Current/Prior Playing Experience: _____School: _____

Parent's Name: _____

Mailing Address: (City, State & Zip) _____

Phone Number(s):Primary (_____) _____ -- _____ Secondary (_____) _____ -- _____

Best Email(s) for contact: _____

_____

Payment Details:

Tuition per year for the MIMYOI Suzuki Strings is ***$600 per year*** *if paid in full at time of registration. Or you may pay two installments of $320 due September 14, 2026 and January 11, 2027. Payment may be made online at our website, musicinthemountains.org/education/classes.*

Payments by check may be mailed to:

Music in the Mountains, Attention Marge, 465 S. Auburn St., Grass Valley CA 95945. ***Please make checks payable to "MIM***

Contact Marge for information at the email above. Payment and Registration Form are due by the first class meeting.. ***."***

******Please see Season Schedule for a full list of dates ******

Signatures:

I hereby state that the information supplied on both sides of this application is truthful and accurate. I agree to conduct myself in a respectful, dignified manner at all times. I understand that I am subject to the rules and regulations set forth by MIMYO, and I agree to comply with those rules to the best of my ability.

Musician Signature: _____ Parent Signature: _____

(PLEASE COMPLETE BOTH SIDES)

Emergency Contact Information:

If a medical emergency or safety concern arises, MIM may need to contact a musician's parent, guardian, or other authorized caretaker. Please list at least two individuals below that will be available and reachable in the event of an emergency during MIMYO's regular rehearsal/class times.

Contact 1: Name: _____ Relation: _____

Phone Number 1: (_____) _____ -- _____ Phone Number 2: (_____) _____ -- _____

Contact 2: Name: _____ Relation: _____

Phone Number 1: (_____) _____ -- _____ Phone Number 2: (_____) _____ -- _____

In the event of a serious medical emergency, *MIMYO policy shall be to first call the above contacts, then to call qualified emergency personnel to administer care onsite or to transport the musician to the nearest hospital.* ***MIM/MIMYO shall not be held responsible for any medical or transportation costs incurred due to emergency medical treatment.***

☐ **I hereby authorize MIMYO to handle medical emergencies for my musician**

☐ **I do not authorize MIMYO :**

If you would prefer a different course of action to be taken in the event of a medical emergency, please detail those procedures below:

_____

_____

_____

Consent to Photograph/Video Record Individuals

MIMYO shall, from time-to-time, photograph or record portions of rehearsals and concerts for promotional Purposes. Photos/videos may appear online or in print. It is not possible to exclude individual performers from photos or videos of the entire group, but MIMYO can refrain from using photos or videos of individuals at their request. Please indicate your preference:

☐ **Yes, MIMYO may use photos and videos of my musician, both individually and in a group.**

☐ **No, please refrain from using photos/videos of my individual musician.**

COVID Protocol Agreement

MIM will implement COVID Restrictions in accordance with the Center for the Arts, Nevada County and the MIM Organization protocols as needed on an on-going basis. Details will be provided to each participant at all times.

☐ **All participants will adhere to COVID Protocols**