

# ASCYO STUDENT CONTRACT

Student Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Performing Group(s): Prep Orch. Chamber Orch. Youth Orch. Flute Choir Beg. Band Symph. Band

I, the undersigned student, accept membership in the Academy of Saint Cecilia band or orchestra program and understand I am responsible to be prepared for and attend all possible rehearsals and performances. I fully agree to carry out my responsibilities to the very best of my ability.

\_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent or guardian, grant full permission for my child to be an active member of the Academy of Saint Cecilia band or orchestra Program. In addition, I acknowledge that I understand when the concerts will take place and my child has full permission to attend all functions.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONFLICT SHEET

Please circle any rehearsals or performances for which you have a conflict. With the exception of emergency or illness, it is expected that you will attend rehearsals and performances not circled below. Changes may be made to this conflict sheet, but must be made at least 2 weeks prior to the missed rehearsal or performance.

### Rehearsals:

9/4  
9/11  
9/18  
9/25  
10/2  
10/9  
10/16  
10/23  
10/30  
11/13  
11/20  
11/27  
11/29 (Youth only)  
12/4

### Performances:

Prep Orchestra:	12/11	12/12
Chamber Orchestra:	12/7	12/11
Youth Orchestra:	12/7	12/12
Flute Choir:	12/7	12/12
Beginning Band:	12/11	
Symphonic Band:	12/11	12/12