

GWYO Registration Form
Fall semester 2025
Student Information

Last _____ First _____ Birthdate _____ School _____
Grade _____

Student name (print)

Race: Af.Am ___ Chinese ___ Filipino ___ Hispanic ___ Native Am ___ Pacific Islander ___ Other

Orchestra _____ Music Instrument name _____ New ___ Returning

_____ CA _____

Address City State Zip code

_____ Phone Cell Phone email

Parent or Guardian Information

_____ () _____ () _____

Father's Name (print) Cell Phone Home Phone email

_____ () _____ () _____

Mother's Name (print) Cell Phone Home Phone email

Emergency Contacts:

Contact person in the event of an illness or accident or emergency, (Please print legibly)

_____ () _____

Name (print) 1 st contact Relation to participant Phone

_____ () _____

Name (print) 2 nd contact Relation to participant Phone