



The WEYC provides youth of all ages with an opportunity to explore how their lives can be enriched through the joyful experience of making music together. Please read the following information carefully, and welcome to the WEYC!

Arrival and dismissal time:

Singers are expected to arrive and sign in 10 minutes prior to rehearsal start. Guardians/drivers must be available for pick up of singers 5 minutes prior to the end of rehearsal.

PLEASE NOTE THAT NO SUPERVISION IS PROVIDED OUTSIDE OF REHEARSAL TIMES. Rehearsal schedule is below. Prompt pick up of singers is mandatory.

Allegro	6:00 - 7:30 pm Wednesdays
Vivo	7:45 - 9:15 pm Wednesdays

Rehearsal location:

Gethsemane Lutheran Church
1921 Cabana Road West
Windsor, ON

Rehearsals and Concerts:

Singers must be present and on time for rehearsals and concerts. **Singers are expected to inform their Artistic Director in writing if a rehearsal will be missed for any reason, including illness.** Cell phones are to be turned off during rehearsals and performances.

Uniforms:

WEYC shirts are provided, and families are expected to purchase their own plain black dress pants (no jeans or leggings), black socks, and black shoes. **Pants, socks, and shoes must be totally black with no other colours or decals.**

WEYC singers are individuals who bring their unique selves to a collective singing experience. The Windsor-Essex Youth Choir recognizes and wishes to be inclusive of all representations of gender, cultural views, and expressions of religion. The WEYC accepts religious and cultural garments. If you have any concerns regarding uniform, please speak with your director.

Season: WEYC rehearsal will run from September 2024 to May 2025 inclusively.

Membership fees are : **\$250 for the 2024-2025 season.**

Fees:

1. All fees are due no later than **September 11, 2024** (first rehearsal). Funding is available through the Pathway to Potential program (City of Windsor or Town of Tecumseh), or at the discretion of the Board.
2. Fees can be paid by **eTransfer, cheque or cash**. NSF fees of \$40.00 apply to all NSF Cheques.
3. There is **no refund of registration fees past October 1, 2024**. Refunds requested earlier than those dates will be subject to a \$50.00 administrative fee.

Bingo:

As of this season the Windsor Essex Youth Choir has been able to work bingos at All Star Gaming as another form of revenue for the choir. This has helped us reduce the membership fees by \$50 for this season.

The WEYC is also offering a credit of \$25 for each bingo (max. of 10 bingos) worked from July 2024-June 2025. A credit cheque will be issued in July 2025. The bingo training is a 30 minute video, bingos are 2hrs, a black collared shirt with WEYC button, black pants (not jeans) and sensible walking shoes is our uniform. You must be 19 or over.

If you have any questions about the choir commitment or about the WEYC, please feel free to contact us at windsorsexesyouthchoir@gmail.com. We're looking forward to an exciting 2024/25 season with the WEYC!

****PLEASE KEEP THIS SHEET FOR YOUR RECORDS****

Windsor-Essex Youth Choir

Registration Form 2024-2025

Please read and complete the following form (one per singer). Note that singers 18 years and older are eligible to sign for themselves.

CHORISTER INFORMATION:

Allegro

Vivo

Chorister Name: _____ Birth Date (MM/DD/YY): ____/____/____

Age as of Sept 1, 2024: _____ Grade as of Sept 1, 2024: _____

Preferred pronoun (she/he/they): _____

Singer phone #: _____ Singer email: _____
(if applicable)

Name of school: _____ or Homeschool: _____

Enrolled in music lessons: ____ Yes ____ No If so, what and where do they study: _____

T-shirt size: Youth-XS (5-6) _____ Youth S (6-8) _____ Youth M (10-12) _____ Youth L (14-16) _____

Youth XL (18-20) _____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____

FAMILY CONTACT INFORMATION:

Parent/guardian name(s): _____

Primary address: _____ City: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Primary email for WEYC communications: _____

Do you use social media? If so, please indicate which: Facebook Instagram (Please add us!)

We do not have access to a computer

We do not use email

Bingo: Please fill in the following information if you are interested in joining the Bingo Committee. 19 yrs or over.

Name: _____ Email: _____

Phone: _____

WEYC PROMOTIONS:

Throughout the year, there are various opportunities for WEYC singers to participate in promotional pictures/videos that will be used for WEYC marketing and development purposes, artistic purposes, or other purposes. Please note that recordings of the WEYC are expected for grant applications and to be a part of the WEYC you agree to recording.

Permission is granted to the Windsor-Essex Youth Choir to use photos/videos of my singer(s) on the website, social media, printed flyers, and other WEYC purposes.

Permission is not granted.

I understand the expectations for attendance, safety protocols, uniform, and fees.

I understand that my child will be recorded singing with the Windsor-Essex Youth Choir.

I understand that Windsor-Essex Youth Choir singers/families must show respect for the individual expressions and viewpoints of other singers, families, and Music Directors, and that failure to do so may result in dismissal from the WEYC.

I understand that the Windsor-Essex Youth Choir assumes no responsibility for injury, death, or personal belongings at rehearsals, concerts, or other events.

Signature of Guardian: _____

Signature of Chorister : _____

Date of Signature (MM/DD/YY): ____/____/____

Windsor-Essex Youth Choir Medical Alert Form

Name: _____

MEDICAL & EMERGENCY CONTACT INFORMATION:

Health Card Number: _____ Expiry Date: _____

Family Doctor: _____ Doctor's Phone No.: _____

Does your singer have a medical condition/allergy? _____ Yes _____ No **(If yes, complete a medical alert form)**

Any special food or dietary needs: _____

Emergency Contact 1: _____ Phone #: _____

Emergency Contact 2: _____ Phone #: _____

Choir Office Use ONLY:

Date Registered: ____/____/____
____/____/____
MM DD YY

Materials fee cheque # or cash paid: _____ Date: _____
MM DD YY

Please complete this form if you have any conditions which should be considered by our team.

Allergy(s):	
Medical Condition(s):	
Symptom(s):	

Treatment (Medicine or Other):	
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