

# CLAREMONT YOUTH SYMPHONY ORCHESTRA

*Claremont  
Symphony  
Orchestra*  
FOUNDED 1953

PO Box 698  
Claremont, CA 91711  
Phone - 909-593-5620



(PLEASE PRINT)

Musician's Last  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name of Parent(s) \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Musician's Email Address \_\_\_\_\_ Parent's Email Address \_\_\_\_\_  
Instrument \_\_\_\_\_ Years Played \_\_\_\_\_ Birthdate \_\_\_\_\_  
School District \_\_\_\_\_ School \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Grade Level \_\_\_\_\_ School Music Director \_\_\_\_\_  
Do you play in a school band? \_\_\_\_\_ School orchestra? \_\_\_\_\_ Other instruments you play \_\_\_\_\_  
Private Teacher \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Years of private study \_\_\_\_\_  
Private Teacher's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
List musical achievements and/or other music groups in which you play \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place photo here  
if available

## Other Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Claremont Youth Symphony Orchestra (CYSO)

Musician's First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

## MEDICAL INFORMATION - (Must be filled in and signed by Parent)

My child's medical insurance carrier is \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ If you wish your family doctor contacted in case of emergency:

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, asthma, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition?

Yes [ ] No [ ] (If yes, please explain on the other side of this form.)

## EMERGENCY AUTHORIZATION

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the music directors, managers, teachers, officials, or parents of orchestra members acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical, or dental examination and/or treatment.

In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of emergency contact \_\_\_\_\_

WHO IS HEREBY AUTHORIZED TO ACT IN MY BEHALF.

## WAIVER OF LIABILITY, DISCLAIMER, ACKNOWLEDGEMENT and CONSENT

I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless CYSO, its officials, board members, leaders, and representatives, from any claim arising out of injury to the named individual. I also hold harmless CYSO, its officials, board members, leaders, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I acknowledge that it is my responsibility to transport the named individual to and from rehearsals, concerts, and other CYSO activities, and that I agree to release, indemnify and hold harmless CYSO, its officials, board members, leaders, and representatives, from any claim arising out of injury to the named individual during travel to and from CYSO rehearsals, concerts, and other activities. For both internal and external use, I acknowledge that CYSO may compile address and mailing labels and may utilize musical photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

Signature of parent or guardian \_\_\_\_\_ Date signed \_\_\_\_\_