

TREASURE COAST YOUTH SYMPHONY INC.
MUSICIAN MEDICAL FORM - REQUIRED FOR PARTICIPATION

Bring signed form to the first rehearsal

Musician Name: _____ DOB: ___/___/___ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Work No. _____ Father's Work No.: _____

Mother's Cell No.: _____ Father's Cell No.: _____

Musician's Physician: _____ Physician's Phone Number: _____

Insurance Company _____ Policy No.: _____

Name of Insured: _____

Has Musician had a tetanus shot within the past 6 years: Yes _____ No _____

Does the musician have permission to participate in all activities? Yes _____ No _____

If no, please specify activities not permitted: _____

List all health problems, allergies, medication that may affect musician's participation in this organization: _____

In the event that a parent or guardian cannot be reached in an emergency, please list another person – OTHER THAN THE PARENTS – who may be contacted in case of emergency:

Emergency Contact Person: _____

Relationship to Musician: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Authorization: This document is correct to the best of my knowledge and the student described above has my permission to engage in all activities unless otherwise noted. I grant my permission for the Treasure Coast Youth Symphony Inc. (TCYS) person supervising the event to act "in loco parentis" to authorize medical treatment in case any medical emergency arises and I, the parent/guardian, cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY – As the parent or guardian of _____ I give my permission for my child to participate in all activities of the Treasure Coast Youth Symphony Inc (TCYS). I understand that TCYS does not provide transportation to and from such activities, and that I will be responsible for providing the necessary transportation for my child. I also understand that TCYS cannot be responsible for the musical instruments and other personal property my child brings to rehearsals, performances, or other activities, and that TCYS will not be responsible for loss, theft, or damage to such articles. At various times, the rehearsals and performances of TCYS may be audio or videotaped or still photographs may be taken. I hereby authorized TCYS, in its sole discretion, to reproduce, copy, exhibit, broadcast or distribute such tapes or photos. In consideration for my child participating in TCYS, which I acknowledge is an educational activity for my child, I waive for myself, my family and my child any claim against TCYS, the School Board of Martin County, the TCYS sponsors and release and agree to hold harmless the TCYS, the School Board of Martin County, and TCYS sponsors from any claim, damages or demand hereafter relating to my child's participation. I have authority to execute this document.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____