

Youth Orchestra of Palm Beach County, Inc.
Musician Medical Form – Required for Participation
Print & Bring on 1st day

Musician Name _____ DOB ___/___/___ Age _____

Address _____

Home Phone # _____ Cell Phone # _____

Mother's Name _____ Father's Name _____

Mother's Work # _____ Father's Work # _____

Mother's Cell # _____ Father's Cell # _____

Musician's Physician _____ Phone # _____

Insurance Company _____ Policy # _____

Name of Insured _____

Has musician had a tetanus shot within the past 6 years? Yes _____ No _____

Does 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 an 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 YOPBC staff 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 Youth Orchestra of Palm Beach County, Inc. ("YOPBC"). I understand that YOPBC 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 YOPBC cannot be responsible for the musical instruments and other personal property my child brings to rehearsals performances, or other activities, and that YOPBC will not be responsible for loss, theft, or damage to such articles. At various times, the rehearsals and performances of YOPBC may be audio or videotaped or still photographs may be taken. I hereby authorize YOPBC, in its sole discretion, to reproduce, copy, exhibit, broadcast or distribute such tapes or photos. In consideration for my child participating in YOPBC, which I acknowledge is an educational activity for my child, I waive for myself, my family and my child any claim against YOPBC, the School Board of Palm Beach County, Dreyfoos School of the Arts ("DSOA"), the YOPBC sponsors and release and agree to hold harmless the YOPBC, PBC School Board, DSOA, and YOPBC 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 _____