



## After School Strings 2018- 2019 Application Form

Student Name \_\_\_\_\_ Grade in School Fall 2018 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Gender ( ) F ( ) M

E-mail address of parent/guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone (home/work) \_\_\_\_\_

Mother/Guardian Address(if different from above)  
\_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone (home/work) \_\_\_\_\_

Father/Guardian Address(if different from above)  
\_\_\_\_\_

\*Please indicate which parent or guardian is the primary contact: \_\_\_\_\_

I hereby agree that my child, \_\_\_\_\_, may participate in all activities of the Fayetteville Symphony Orchestra After School Strings. I understand and agree that the Fayetteville Symphony shall not be responsible for any injury to my child or any damage to, or loss of, my child's property. I release the Fayetteville Symphony Orchestra from all liability resulting from my child's presence at and participation in activities directly or indirectly related to the Fayetteville Symphony Orchestra After School Strings. I agree to be responsible for all tuition and fees for the After School Strings and recognize that early withdrawal will not release me from financial obligation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Tuition is due with this application. Make checks payable to Fayetteville Symphony Orchestra or pay online at [www.fayettevillesymphony.org](http://www.fayettevillesymphony.org).



**After School Strings 2018 - 2019  
Medical Release Form**

Student Name \_\_\_\_\_

1. Please list ALLERGIES to food, medications, etc. (If none, state):

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

2. SPECIAL MEDICAL CONDITIONS, please indicate or describe below:

Asthma \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Seizure Disorder \_\_\_\_\_  
Kidney Problems \_\_\_\_\_  
Other \_\_\_\_\_

3. Other pertinent information, medical history: \_\_\_\_\_  
\_\_\_\_\_

4. Will medication be brought to the camp? If yes, please describe below:

Medication \_\_\_\_\_ Dose \_\_\_\_\_  
Purpose \_\_\_\_\_

5. Does the named individual wear eyeglasses or contact lenses? Indicate yes or no and please specify.

\_\_\_\_\_

6. Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/year)

7. Named person's physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Office Address \_\_\_\_\_

8. Medical/Health Insurance Co. \_\_\_\_\_  
Group Policy Number \_\_\_\_\_ Member Name \_\_\_\_\_

Emergency contact: (\_\_\_\_\_) \_\_\_\_\_ Name/relation \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*If under 18 years old:*

I, the undersigned, being the parent/guardian of \_\_\_\_\_ hereby authorize any necessary or emergency medical treatment for this person that is required in the course of participating in the Fayetteville Symphony Orchestra After School Strings. I understand that Fayetteville Symphony Orchestra staff cannot be responsible for distributing over-the-counter pain relief medications and that my child may bring pain relief medications with him or her to rehearsals or concerts in a clearly marked container. I guarantee payment of all charges incurred during this medical treatment (including but not limited to: physician, hospital, x-ray, lab, drugs, ambulance).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_



**After School Strings 2018 - 2019  
Photo/Video Release Form**

I hereby grant the Fayetteville Symphony Orchestra permission to use my likeness in a photograph and/or video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Fayetteville Symphony Orchestra and will not be returned.

I hereby irrevocably authorize the Fayetteville Symphony Orchestra to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Fayetteville Symphony Orchestra's programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Fayetteville Symphony Orchestra from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Printed Name]

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.