



String Sinfonietta 2018- 2019 Application Form

Student Name _____ Grade in School Fall 2018 _____

Instrument _____ Number of Years playing _____ Teacher _____

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.



**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.