

MURFREESBORO YOUTH ORCHESTRA



STUDENT INFORMATION PACKET 2009 - 2010 SEASON

This Information Packet contains important personal and confidential information related to your membership in the Murfreesboro Youth Orchestra or the Preparatory String Orchestra. Please provide all information requested, printing – not writing – your responses for best legibility. If any of your information changes during the year, please notify your conductor and provide updated information.

Please Indicate Orchestra Membership

Murfreesboro Youth Orchestra

Preparatory String Orchestra

- Please Print All Information -

STUDENT INFORMATION

Name: _____ Gender: _____ Age: _____

Birthday: _____ T-Shirt Size: _____ Youth Adult

Street Address: _____

City: _____ County: _____ St _____ ZIP: _____

Home Phone: _____ Home Fax: _____

Cell: Student: _____ Dad: _____ Mom: _____

Family Email: _____

Personal Email: _____

Instrument(s): _____

School: _____ Grade: _____

PLAYING EXPERIENCE

How Many Years Have You Played Your Instrument? _____

Total Years Member of PSO or MYO (☒): 1 2 3 4 5 6 7

Do You Take Private Lessons? Yes No How Long? _____

Private Teacher's Name: _____

Private Teacher's Phone: _____ Email: _____

Do You Play in the Band or Orchestra at School? Yes No

School Music Director's Name: _____

School Music Director's Phone: _____ Email: _____

FAMILY INFORMATION

Father's Name: _____ Same Address? Yes No

Employer: _____

Occupation: _____ Work Phone: _____

Mother's Name: _____ Same Address? Yes No

Employer: _____

Occupation: _____ Work Phone: _____

MEDIA RELEASE AUTHORIZATION

Name of Local Newspaper: _____

By typing my name and date in the spaces provided below, I agree and accept the fact that this electronic signature will be regarded as my actual signature for the purpose of permitting the Murfreesboro Youth Orchestra to use the name and likeness of my child for publicity and promotional purposes. **I Agree**

Parent or Guardian Signature

Date

STUDENT HEALTH HISTORY

Please Provide Complete Information

Student Name: _____

First

Middle

Last

Male Female Height: _____ Weight: _____ Age: _____

List Any Recurring Illness(es): _____

Do You Have Allergic Reactions to Any Medications? Yes No

If "Yes," Please Specify: _____

Do You Have Any Known Food Allergies (i.e., Peanuts): Yes No

If "Yes," Please Specify: _____

Do You Have Allergic Reactions to Insect Bites or Stings? Yes No

If "Yes," Please Specify: _____

Is Anything Else Significant in This Child's Medical History? Yes No

If "Yes," Please Specify: _____

Family Doctor: _____ Phone: _____

Doctor's Office Address: _____

City: _____ St: _____ ZIP: _____

Hospitalization Insurance Company: _____

Name of Insured: _____

Policy Number: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

By typing my name and date in the spaces provided below, I agree and accept the fact that this electronic signature will be regarded as my actual signature for the purpose of permitting the Murfreesboro Youth Orchestra to seek emergency medical treatment for my child should the Murfreesboro Youth Orchestra not be able to reach me. **I Agree**

Parent or Guardian Signature

Date

EXTRACURRICULAR ACTIVITIES & INTERESTS

(This information is requested for use in orchestra directories)

Hobbies or Special Interests: _____

In What Clubs Are You a Member? _____

In What Sports Do You Participate? _____

Other Talents or Special Abilities: _____

Special Honors or Recognitions You've Received: _____

Murfreesboro Youth Orchestra

P. O. Box 332255, Murfreesboro, TN 37133-2255

615-849-3803

PERMISSION AND RELEASE FORM

I (We), the undersigned, being the parent or guardian of a member of the Murfreesboro Youth Orchestra (MYO) or Preparatory String Orchestra (PSO), do hereby consent to my/our child traveling with the orchestra for concerts or other performances. In granting this permission, I (we) understand that the orchestra will, at all times, be accompanied by adult chaperones. I (we) further understand that I (we) will be advised in advance of each concert or performance for which this Permission and Release Form applies.

By signing this Permission and Release Form, I release the Murfreesboro Youth Orchestra, its employees or representatives from liability resulting from acts of commission or omission by third parties and from any acts of other members of the Orchestra.

This Permission and Release Form is applicable for the 2009-2010 orchestra season for (check one): MYO
 PSO

Orchestra Member Name: _____

Print Name of Parent/Guardian: _____

Parent/Guardian Phone(s): Home: _____

Cell: _____

By typing my name and date in the spaces provided below, I agree and accept the fact that this electronic signature will be regarded as my actual signature for the purpose of permitting my child to travel with the Murfreesboro Youth Orchestra or the Preparatory String Orchestra to official functions of the orchestra.

I Agree

Parent/Guardian Signature: _____ Date: _____