

COMPLETE and RETURN this form to:

tralalacmo@msn.com or Mail to:

Cindy Mohler
3837 W. Menadota Dr.
Glendale, AZ 85308



CONSENT AND AUTHORIZATION

I, the undersigned parent or guardian of _____, a minor, do hereby give consent for him/her to participate in the activities, concerts and tours of the Phoenix Youth Symphony orchestral training group of which he/she is a member during the 2017-2018 Season.

I, the undersigned parent or guardian of the above-named student, do hereby give and grant unto any available medical doctor or hospital, by consent and authorization, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician, and/or surgeon or dentist licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment on an emergency basis is rendered at the office of said physician or at a hospital or emergency care center, should the above-mentioned student be injured or become ill while participating in an authorized orchestral group activity sponsored or sanctioned by the Phoenix Youth Symphony.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of a representative of the Phoenix Youth Symphony to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

A photocopy of this authorization for care shall be as valid as the original document. It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current concert season.

My daughter/son is covered by the following insurance:

Company _____ Group I.D. _____
Policy Number _____
Name of Insured _____ Employer _____

Emergency Contact _____ Phone # _____ Relationship _____

Medical Needs/Medications (Attach if necessary): _____

Allergies/Special Dietary Needs (i.e. Vegetarian): _____

Signature of Parent/Legal Guardian

Date

I accept the privileges and responsibilities of membership in Phoenix Youth Symphony. I agree to strive for excellence in rehearsal and in performance and to be a responsible, contributing member of the group. I understand that I am expected to attend all scheduled rehearsals, activities and performances and to maintain a professional, respectful attitude and demeanor as a member of the Phoenix Youth Symphony. I will be responsible for individual preparation of all assigned music, and I will abide by all policies and procedures of the PYS Orchestral Training Program.

Name of Student (Please Print)

Signature of Student

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

(_____) _____
Phone