



Please print the following information:

**MEMBER INFORMATION**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: F  M

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT: (someone other than member's mother or father)**

Contact 1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Group #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Special medical problems ASYO should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications given on a routine basis: \_\_\_\_\_

Allergies: \_\_\_\_\_ Contact Lenses: Yes  No

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

**RELEASE**

In case of a medical emergency, I (we) understand that all attempts will be made to notify parents. If the ASYO is unable to reach a parent or guardian I (we) release my (our) child to a representative of the Alabama Symphony Youth Orchestra in order to obtain the proper medical care for him/her. I hereby release the Alabama Symphony Youth Orchestra from any liability in case of accident or emergency while participating in any Alabama Symphony Youth Orchestra activities.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_