



June 16, 2009

Dear Parents and Future YOSA String Campers,

We are very excited that you are joining us for YOSA's 2009 Summer String Camp. As the start of String Camp approaches, it is important that we share some important information about this year's camp. Please carefully read the information below and the information provided on our Web site www.yosa.org in the string camp section. Print these forms and return completed forms to the YOSA office no later than **Monday, June 29**. Your child will not be admitted into camp until these forms are turned in.

Please submit full payment prior to Monday, June 29 if you have not done so already. No student will be admitted to camp without full payment. Thank you and we look forward to seeing you at String Camp!

Sincerely,

Ahmad Mayes
Director of Operations and Artistic Administration

Send all enclosed forms to:
Youth Orchestras of San Antonio
106 Auditorium Circle, Suite 130
San Antonio, TX 78205



YOUTH ORCHESTRAS
OF SAN ANTONIO

For Office Use Only

Date Rec'd: _____
Bookkeeping: _____
Operations: _____
Date to File: _____

CAMPER INFORMATION FORM 2009

Complete all fields possible and return. Please print legibly.

STUDENT INFORMATION

Student's Name: _____ E-mail: _____

Address: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Ethnicity: _____ Instrument: _____ Years Played: _____

School: _____ District: _____

Grade: _____ Music Teacher: _____

T-Shirt Size (Circle one): Child S M L Adult S M L XL

Private Teacher: _____ E-mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

PARENT INFORMATION

Father Please Check Here if Same Address as Student

Father's Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ Occupation: _____ Employer: _____

Hm Phone: _____ Cell Phone: _____ Wk Phone: _____

Mother Please Check Here if Same Address as Student

Mother's Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ Occupation: _____ Employer: _____

Hm Phone: _____ Cell Phone: _____ Wk Phone: _____

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HEALTH INFORMATION / MEDICAL RELEASE FORM 2008 – 2009

Student's Name: _____ **Instrument:** _____

Address: _____ **DOB:** _____

Home Phone: _____ **Cell Phone:** _____

Father's Name: _____ **E-mail:** _____

Hm Phone: _____ **Cell Phone:** _____ **Wk Phone:** _____

Mother's Name: _____ **E-mail:** _____

Hm Phone: _____ **Cell Phone:** _____ **Wk Phone:** _____

FOR EMERGENCY USE ONLY:

Who do we contact first in the case of an emergency? Mother Father Other

Please provide contact information for two relatives or close friends in the San Antonio area only who we may contact if the parents can not be reached.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Physician's Name: _____

Physician's Phone: _____

Dentist's Name: _____

Dentist's Phone: _____

Insurance Carrier: _____

Policy Name & Number: _____

Insurance Contact Information: _____

++++OVER++++

Do you have or have you had any of the following?

Epilepsy or Convulsions: **NO YES** Heart Disease: **NO YES**
Diabetes: **NO YES** Fainting Spells: **NO YES**
Asthma: **NO YES**

Other medical conditions: _____

Current medications: _____

Have you experienced allergic reactions to any of the following?

Drugs: **NO YES** Medications: **NO YES**
Food: **NO YES** Insect Bites: **NO YES**

If YES, please specify: _____

Other physical conditions that might limit activities: _____

For the Parent(s):

I, the parent / legal guardian of (student's name) _____ do } do
not} give permission for the administration of NON-PRESCRIPTION tablets such as
Aspirin, Tylenol, Advil, etc. to my child, if needed. (*if you do, please specify* _____
_____)

In case of an emergency, I hereby give my consent for a qualified physician to perform any medical / surgical procedure he / she deem necessary to the welfare of the above named student. It is understood that every attempt will be made to contact the parents / legal guardians, or relatives listed above prior to taking such actions. Further, this authorization permits the qualified physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general, or both) or surgery for this student if such emergency conditions warrant. The undersigned does hereby assume to pay any indebtedness or physician's / surgeon's fees and hospital fees for such services warranted.

Student Signature: _____

Parent / Legal Guardian Signature: _____

Date: _____



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RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

PLEASE PRINT

Student's Name: _____ **Instrument:** _____

Parent / Legal Guardian Name: _____

IN CONSIDERATION for permission to participate in activities with the Youth Orchestras of San Antonio, I (we) _____, parents / legal guardians of _____, agree to the following provisions:

IN ORDER TO PARTICIPATE IN THE YOUTH ORCHESTRAS OF SAN ANTONIO, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YOUTH ORCHESTRAS OF SAN ANTONIO**, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, regardless of whether such liability, loss, damage claim or demand was caused in whole or in part by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participants in any program affiliated with the Youth Orchestras of San Antonio
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNITY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Youth Orchestras of San Antonio premises or in any way observing or using any facilities or equipment of the Youth Orchestras of San Antonio or participating in any program affiliated with the Youth Orchestras of San Antonio regardless of whether such loss, liability, damages or cost was caused in whole or in part by negligence of the releasees or otherwise
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OR BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releasee or otherwise while in, about or upon the premises of the Youth Orchestras of San Antonio and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Youth Orchestras of San Antonio.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Parent / Legal Guardian Signature: _____

Date: _____



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MEDIA / PUBLICITY RELEASE 2008 – 2009

I am the parent / legal guardian of _____

Student Name

I understand that, during the course of my child's participation in the Youth Orchestras of San Antonio ("YOSA"), my child's name, likeness, image, voice, or music may be captured in photographic, audio, video, digital or other forms ("Media"). I recognize that all Media – including film, photographic prints, audio, video or digital files – are the exclusive property of YOSA. In addition, in consideration of my child's participation in YOSA, I hereby permit YOSA, and those acting with YOSA's permission or authority, to use my child's name and Media, in any and all media now or hereafter devised, for any use. I understand and agree that YOSA or those acting with its permission or authority, may use the Media in materials available to students, parents, or staff, and to individuals outside of YOSA, including press, radio, film, internet, publicity or promotional materials. I hereby waive any right to inspect or approve: (a) the finished Media, (b) any printed matter that may be used in conjunction with the Media, or (c) the eventual use to which the Media may be applied. This agreement constitutes the sole, complete, and exclusive agreement regarding the Media, and I am not relying on any other representation, whether oral or written.

Parent / Legal Guardian Printed Name: _____

Parent / Legal Guardian Signature: _____

Date: _____

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YOUTH ORCHESTRAS
OF SAN ANTONIO

Absence Notice

Please list all days/times, as precisely as possible, that you know your child will not be at camp. If any student is not accounted for at any point during the day, the parents will be notified immediately. Please help us eliminate unnecessary phone calls and worrying.

Student Name _____

No absences, my child will be present for all of string camp.

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Day _____ Date _____ Time from: _____ to: _____

Signed

Date



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San Antonio Missions National Anthem Performance
and
Baseball Night Out!
Thursday, July 16, 7:05 p.m.

String Camp members will perform the National Anthem for a San Antonio Missions baseball game the final Friday of camp. This is an optional activity, but we encourage as many campers and families to join in on this String Camp tradition as possible. You will need to be at the stadium by 6:15 p.m.. Please indicate below if you'd like to attend the game. Tickets are \$6.50 and can be ordered through Youth Orchestras of San Antonio with check, Visa or MasterCard. Availability may be limited. **A ticket must be purchased for campers as well.**

Parent Name: _____

Student Name: _____

Number of tickets _____ x \$6.50 = _____

Paid by check (enclose with return of forms) Check Number _____

Paid by Visa or MasterCard

Name on Card _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Card Billing Address

Return this form with payment to the YOSA office or at the Summer String Camp registration table on July 5 or 6.