



YOUTH ORCHESTRAS  
OF SAN ANTONIO

MEMBER INFORMATION FORM 2011 – 2012

STUDENT INFORMATION

Students Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ 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: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

PARENT/GUARDIAN INFORMATION

**Father/Guardian**     Please Check Here If Same Address as Student

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cl Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

**Mother/Guardian**     Please Check Here If Same Address as Student

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cl Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_



YOUTH ORCHESTRAS  
OF SAN ANTONIO

HEALTH INFORMATION / MEDICAL RELEASE FORM 2011-12

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

-----  
Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

-----  
Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

**FOR EMERGENCY USE ONLY:**

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

*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 desired, please specify \_\_\_\_\_)*

In case of 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:** \_\_\_\_\_



**YOUTH ORCHESTRAS**  
OF SAN ANTONIO

**RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT 2011-12**

PLEASE PRINT

**Students Name:** \_\_\_\_\_ **Instrument:** \_\_\_\_\_

**Parent / Legal Guardian Name:** \_\_\_\_\_

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

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

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE 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 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 Youth Orchestras of San Antonio premises or in any way observing or using any facilities or equipment of Youth Orchestras of San Antonio or participating in any program affiliated with 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 Youth Orchestras of San Antonio and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with 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:** \_\_\_\_\_



**YOUTH ORCHESTRAS**  
OF SAN ANTONIO

**MEDIA / PUBLICITY RELEASE 2011-12**

I am the parent / legal guardian of \_\_\_\_\_  
**Student Name**

*I understand that, during the course of my child's participation in 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:** \_\_\_\_\_



YOUTH ORCHESTRAS  
OF SAN ANTONIO

**MUSICIAN AGREEMENT 2011-12**

(PLEASE KEEP THE TOP SECTION OF THIS DOCUMENT FOR YOUR RECORDS.)

I, \_\_\_\_\_, commit to abide by the rules of the Youth Orchestras of San Antonio (YOSA) as detailed in the YOSA Membership Handbook (available at [www.yosa.org](http://www.yosa.org)). I understand that YOSA maintains professional standards of musicianship and conduct, and I will live up to those standards. I commit to prepare for and attend rehearsals and concerts of the orchestra in which I am a member. I have read and understand the absence policy, and I understand that more than two concert absences or five total absences throughout the season are possible grounds for dismissal. I will cooperate with my peers in the teamwork necessary to build a youth orchestra of the highest standards. I commit to complete all membership forms and pay all membership fees in a timely fashion.

I have read the YOSA Membership Handbook and accept.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Musician

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Legal Guardian

.....  
(TEAR OFF HERE & RETURN BOTTOM SECTION TO YOSA OFFICE)

I, \_\_\_\_\_, commit to abide by the rules of Youth Orchestras of San Antonio (YOSA) as detailed in the YOSA Membership Handbook. I understand that YOSA maintains professional standards of musicianship and conduct, and I will live up to those standards. I commit to prepare for and attend rehearsals and concerts of the orchestra in which I am a member. I have read and understand the absence policy, and I understand that more than two concert absences or five total absences throughout the season are possible grounds for dismissal. I will cooperate with my peers in the teamwork necessary to build a youth orchestra of the highest standards. I commit to complete all membership forms and pay all membership fees in a timely fashion.

I have read the YOSA Membership Handbook and accept.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Musician

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Legal Guardian



YOUTH ORCHESTRAS  
OF SAN ANTONIO

**SCHOOL MUSIC PROGRAM PARTICIPATION FORM 2011-12**

*YOSA recognizes the strong positive impact school music programs have on our orchestras. We expect each member to participate in his or her school's music program. In doing so, we encourage all of our students to set the example and maintain the same standard of excellence and commitment they bring to YOSA. If a YOSA event conflicts with a school music event, YOSA will always support the school music teacher's decision on whether or not a student must attend the school event.*

**YOSA MEMBER INFORMATION**

PLEASE TYPE OR PRINT IN INK & SUBMIT TO YOSA STAFF AT THE TIME OF YOUR AUDITION

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Do you participate in your school music program?      **YES**      **NO**

If YES, please select all ensembles in which you participate:

- Orchestra                       Wind Ensemble/Concert Band
- Marching Band               Jazz Band                       Chamber Music
- Other: \_\_\_\_\_

If NO, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHER VERIFICATION (TO BE COMPLETED BY TEACHER)**

PLEASE VERIFY THE ABOVE INFORMATION BY SIGNING BELOW

Teacher Printed Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions or concerns, please feel free to contact:  
Troy Peters, Music Director, Youth Orchestras of San Antonio, 210-737-0097, [tpeters@yosa.org](mailto:tpeters@yosa.org)



**YOUTH ORCHESTRAS  
OF SAN ANTONIO**

**PARENTS AUXILIARY ORGANIZATION FORM 2011-12**

**Volunteers Needed**

YOSA needs your help. Volunteers are very important to the operation of our organization. They help keep rehearsals and concerts running smoothly, and more importantly, help keep tuition costs down for our students. Please check off one or more of the following areas where you would be willing to help out. For the safety of our students, all volunteers are required to undergo a simple background check. An authorization form will be sent to you. Please contact our office at (210) 737-0097 if you have any questions. Thank you for helping YOSA and our students!

**LEADERSHIP POSITIONS**

- President – Supervises and monitors the affairs of the PAO; attends all YOSA Board Meetings
- Merchandising – Oversees merchandising activities including the production and sales of YOSA merchandise, i.e. t-shirts, CDs, etc.
- Fundraising – Coordinates fundraising activities for in cooperation with the Development Director
- Special Events – Participates in putting together all special event activities including post-concert receptions, parties for the students, and snack/refreshment setups at rehearsals

**CONCERTS & REHEARSALS**

- Concert ticket sales at concerts and/or Sunday rehearsals
- Ushers at concerts
- Truck loading / Set-Up / Tear-Down Crew for concerts
- Snacks coordinator
- Annual Fund Drive – Handwrites and addresses thank you cards to past donors during Sunday rehearsals or at home in early September (YOSA will collect and mail.)
- Alumni – Works with YOSA staff to help develop YOSA alumni activities
- Development – Helps YOSA build donor relationships with local businesses and individuals

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Orchestra: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Orchestra: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Orchestra: \_\_\_\_\_