

Tell us about your parents.

Father/Stepfather: _____
Last First Middle

Mailing Address _____
Street Address Apt. or Suite no.

City State Zip Code

Home Phone (____) _____ **Work Phone** (____) _____ **Cell Phone** (____) _____

***Employer:** _____ **Email** _____

Mother/Stepmother: _____
Last First Middle

Mailing Address _____
Street Address Apt. or Suite no.

City State Zip Code

Home Phone (____) _____ **Work Phone** (____) _____ **Cell Phone** (____) _____

***Employer:** _____ **Email** _____

NOTE: THE FOLLOWING EMERGENCY INFORMATION IS NOT OPTIONAL

THIS SECTION MUST BE FILLED OUT PRIOR TO ADMITTANCE!

List a family member or friend to contact in the event that there is an emergency and your parents are not available. **Note:** THIS MUST BE SOMEONE OTHER THAN YOUR PARENTS!

Emergency Contact _____
Last First

Relationship _____
The emergency contact's relationship to you, i.e. aunt, friend, etc.

Home Phone (____) _____ **Work Phone** (____) _____
Include area code Include area code

Other Phone(s) _____
Please list any other phone numbers available for your emergency contact

Primary Physician _____
Last First

Phone Numbers _____
Please list all phone numbers available for your physician

Preferred Hospital _____
If you do not prefer any specific hospital, write 'no preference'

Insurance Company _____ **Insurer's Phone** (____) _____
If you have no insurance, write 'None' Include area code

Group # _____ **Authorization #** _____
These numbers, if applicable, are available from your insurance company

List any allergies, other Medical Information or Conditions (attach addt'l page if needed) : _____

By signing below I agree to also participate in my school music program, if one exists. I certify that all information herein provided is complete, accurate, and honestly presented. I understand that any intentional misrepresentation or omission of fact on this form is sufficient cause for immediate dismissal from the Young Concert Artists program.

Print here Sign here Date MM/DD/YY
Are you are a minor (under 18)? Yes. No. If yes, one parent or guardian must also sign:

Print here Sign here Date MM/DD/YY

I, the undersigned, hereby certify that I understand and affirm the following:
I give permission to the Young Concert Artists Association of Colorado Springs and/or its officers (hereafter "YCA") to obtain or provide medical help in any appropriate situation. I release YCA from any responsibility or liability for any injury or bodily harm incurred during rehearsals, performances, trips, or any other event sponsored by or relating to participation in YCA, even if such injury is sustained due to negligence or fault on the part of YCA. I affirm that I am at least 18 years of age and either (1) am the applicant named in this application or (2) am the legal parent or guardian of said applicant and am authorized to make such legally binding determinations on behalf of said applicant.

NOTE: If you are under 18, one of your parents must sign on your behalf. This is not optional.

Print _____ Sign _____
Print here Sign here

Relation to Participant _____ Today's Date _____
Write 'self' if you, the applicant, are signing Month/Day/Year

Suggestions to help us improve this form: _____

