



**REGISTRATION FORM
2018-19**

Today's Date _____

(Please Print Clearly)

Name of Student _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Musician's E-Mail _____

Musician's Cell Phone / Carrier () _____ / _____

Parent's E-Mail _____

Parent's Cell Phone / Carrier () _____ / _____

Father's Full Name _____

Mother's Full Name _____

Instrument _____ Other Instruments _____

Currently Taking Private Lessons? Yes / No If yes, for how long? _____

Name of Private Teacher _____ Teacher's Phone () _____

How did you find out about our Band? _____

Polo Shirt Size _____

School Attending _____ Grade _____

Payment for participation will be paid per the BYSB Handbook under General Information.

Parent Signature _____ Participant Signature: _____



HANDBOOK COMPREHENSION CONTRACT

With the signatures at the bottom of this page, we certify that we have read, fully understand, and agree to all of the information that is included in the **MUSICIANS & PARENTS HANDBOOK** of the Bravura Youth Symphonic Band.

By signing below, we are also in complete understanding that it is the musicians' and parents' responsibility to meet all of the requirements set forth in said Handbook.

Failure to do so may result in the musician's dismissal from the Bravura Youth Symphonic Band without any refund of the participation fee.

Signature of Student

Date

Printed Name of Student



HEALTH HISTORY FORM

WHAT is the purpose of this form? The Health History form provides the Bravura Youth Symphonic Band with a brief profile of the student's personal medical background.

WHO should complete this form? This form should be completed by the **parent**. All information on the Health History form is kept confidential.

PLEASE CLEARLY TYPE OR PRINT THE FOLLOWING IN BLACK INK.

Name of student: _____ Date of Birth ____/____/_____
last first middle initial

Address: _____
city state zip

Telephone: Home _____ Cell _____

Email: _____

PERSONAL HISTORY

1. Have you ever had surgery? Yes No If yes, explain:

2. Have you ever been hospitalized? Yes No If yes, explain:

3. Have you ever had any significant injuries or medical illnesses/ conditions? Yes No if yes, explain:

4. List any medications you are currently taking (include nonprescription drugs):

5. Are you allergic to any medications? Yes No If yes, list:

6. Have you had an allergic reaction to any food, insect stings or other substances? Yes No
If yes, explain: _____

MEDICAL INFORMATION FORM

WHAT is the purpose of this form? The Medical Information form provides the Bravura Symphonic Band with information to be used in case of an emergency.

WHO should complete this form? This form should be completed by **parent**.

PLEASE CLEARLY TYPE OR PRINT THE FOLLOWING IN BLACK INK.

Name: _____ Date of Birth ____/____/____
last first middle initial

In order to assure prompt treatment, particularly in emergencies, the following information should be specific and current.

MEDICAL EMERGENCY INFORMATION

Allergies to the following drug(s): _____

Takes the following medication(s):

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has had the following serious illness(es) or operation(s):

Date of the most recent tetanus booster: ____/____/____
Month Day Yea

FATHER'S NAME: _____ **Phone:** _____

Home Address: _____

Work Phone: _____ Hours to be reached: _____

MOTHER'S NAME: _____ **Phone:** _____

Home Address: _____

Work Phone: _____ Hours to be reached: _____

EMERGENCY CONTACT [OTHER THAN PARENT(S) / GUARDIAN(S)]:

NAME: _____ Phone: _____

Home Address: _____

INSURANCE CARRIER

Company Name: _____ Policy Number: _____

Address: _____

IN CASE OF EMERGENCY

My son / daughter, _____, or The Bravura Youth Symphonic Band is hereby granted the following permission:

In case of serious illness or accident (check one of the following):

_____ a physician may be called

_____ please contact our own physician

PHYSICIAN'S NAME: _____ Telephone: _____

Address: _____

City/ State/ Zip:

Signature of Parent / Legal Guardian: _____

RELEASE OF LIABILITY STATEMENT

The Bravura Youth Symphonic Band will NOT assume responsibility for any student's medical or surgical expenses incurred while attending the institution.

PARENTAL / GUARDIAN PERMISSION FOR TREATMENT

If you are under the age of 18, your parent/ guardian is **REQUIRED** to sign below.

I, the undersigned, legal guardian of _____, minor, do hereby consent

Print Student's Full Legal Name _____

to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to the minor, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital licensed by the State of California. This consent is given in the advance to encourage attending physicians or hospital(s) to exercise their best judgment so as to provide prompt medical service to the minor.

Signature of Parent / Legal Guardian:

Sign Full Legal Name

Date: _____

I hereby certify that, to the best of my knowledge, the information on this form is complete and accurate.

Signature of Parent / Legal Guardian:

Sign Full Legal Name

Date: _____



VIDEO AND FILM RELEASE

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I,

_____ (Name & Address) ("Releaser"), hereby give, consent, and grant to Don Marino dba Bravura Youth Symphonic Band ("BYSB"), its representatives, licensees, marketers, and any other related parties or publishers of its promotional materials and their successors and assigns, the right to use, publish and copyright my picture, portrait or likeness, in still, video and/or film format, in whole or part, including alterations, modifications, derivations, and composite thereof, in advertising, promotional any other material, on the internet, and in any and all media, whether now known or hereafter devised, throughout the world. This right shall include the right to combine my likeness with others and to alter my likeness by digital or other means.

Releaser also hereby releases BYSB and such other parties from any obligation to make any payment hereunder or from any other liability incurred in connection with the use of any the materials described above. Releaser acknowledges his or her full and complete satisfaction with the terms of this Release.

Releaser

Date: _____

If the Releaser is less than 18 years of age, the following should be filled out.

_____ (Name and Address) ("Parent/Legal Guardian"), hereby warrant that I am the _____ (Parent or Legal Guardian) of _____ (Name of minor subject to this Agreement), a minor, and have full authority to authorize the above Release, which I have read and approved.

I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Talent and Model Release.

Releaser's Parent or Legal Guardian

Date



FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child

(Please print child's name) _____

voluntarily attend all field trips with the Bravura Youth Symphonic Band and/or The Bravura Youth Jazz Band.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE Bravura Youth Symphonic Band, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field trip or excursion that is sponsored, planned or directed by the Bravura Youth Symphonic Band.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by the Bravura Youth Symphonic Band.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in a field trip or excursion, sponsored, planned and directed by the Bravura Youth Symphonic Band; and

4. 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 California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date



**FIELD TRIP RELEASE OF LIABILITY
AND
CONSENT TO EMERGENCY MEDICAL TREATMENT**

The submitted health history is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I (we) the undersigned parent, parents, or legal guardian of (child's name) _____, a minor, do hereby consent that he/she be permitted to attend all events of the Bravura Youth Symphonic Band and should the need arise, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff or emergency room staff under the provisions of the Medical Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital licensed by the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Bravura Youth Symphonic Band, its officers, or employees for medical aid rendered and will reimburse the Bravura Youth Symphonic Band for all medical or other expense incurred in the care of my son/daughter/ward. This Authorization is given pursuant to California Family Code section 6910 and remains effective only for the event and date listed above. In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby hold the Bravura Youth Symphonic Band and its representatives harmless in the exercise of this authority.

Signature of Parent or Guardian

Date