





**Musicians' Workshop Summer 2019 - Due May 31, 2019**  
**Medical Form - Please PRINT CLEARLY**

Dear Parents/Legal Guardians,

All participants must have a medical form on file with Douglas County Youth Orchestra.

Participant/Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(MM/DD/YYYY)

Parent(s)/  
LegalGuardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group/ID #: \_\_\_\_\_ / \_\_\_\_\_

I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_ (minor), hereby grant my/our permission for the use of emergency medical treatment, provided by licensed medical authority and, in the opinion of such medical authority, if deemed necessary for the health and safety of said minor. It is understood that every attempt will be made to notify me immediately by telephone of any such emergency. I/we understand that I/we are responsible for all expenses associated with any such medical treatment. I/we expressly agree that DCYO will not be held responsible or in any way liable for the medical care provided by such medical authority.

**Emergency Contacts:** In the event of an emergency and I/we cannot be reached, please contact the person named below for instructions. **(Emergency Contacts should not be the Parent/Guardian listed above and should be a Colorado Resident)**

**Emergency Contact 1:**

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

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Emergency Contact 2:**

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

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature of Parent/Legal Guardian (or musician signature if 18 or older)

**Permission to use Audio/Visual Images**

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

I agree to allow pictures of my child to be used for marketing/website purposes.

Yes: \_\_\_\_ No: \_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Name and Signature (or student signature if 18 or older)