



**Student/Participant Information Sheet 2024 - 2025 Season**  
(Please complete form in its entirety)

**Student/Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Gender:** Male  Female  Other: \_\_\_\_\_ **Pronoun preference:** \_\_\_\_\_ **School Grade Level:** \_\_\_\_\_

**Primary Instrument:** \_\_\_\_\_ **Private Instructor:** \_\_\_\_\_ **Years Played:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ **Other Instruments:** \_\_\_\_\_

**Other Music Groups?** \_\_\_\_\_

**Life Threatening Allergies?** Yes  No  If yes list allergies:

\_\_\_\_\_ **Care:** \_\_\_\_\_

**Medical Conditions we should know about:**

\_\_\_\_\_ **Care:** \_\_\_\_\_

**Anything other needs or concerns we should know about you Child?**

\_\_\_\_\_

**Contact Information:**

**Parent:** (primary contact)

**Household Name:** \_\_\_\_\_ (eg:

The Smiths. Please use the same household name if filling out multiple forms for students in your household. This will be the household name used on future e-documents)

**Parent E-mail:** \_\_\_\_\_ **(Print clearly)** (Primary Contact: This will be the email address used for e-documents)

**Parent Name:** \_\_\_\_\_

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Primary phone?** Yes  No  **Home Phone** \_\_\_\_\_ **Primary phone?** Yes  No

**Other/Work Phone** \_\_\_\_\_ **Primary phone?** Yes  No

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Participant/Student:**

**Student E-mail:** \_\_\_\_\_ **(Print clearly)** **Student Phone:** \_\_\_\_\_ **Mobile?**

**Address same as parent #1?** Yes  No

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent2:**

**Parent 2 E-mail:** \_\_\_\_\_ **(Print clearly)**

**Parent 2 Name:** \_\_\_\_\_

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Primary phone?** Yes  No  **Home** \_\_\_\_\_ **Primary phone?** Yes  No

**Other/Work Phone:** \_\_\_\_\_ **Is primary phone?** Yes  No

**Other Contact info:**

**Other Email:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_



**Medical Form 2024 - 2025 Season**  
*(Please complete form in its entirety)*

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)/Legal Guardian(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

**Emergency Contact 2:**

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other/Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Signature of Parent/Legal Guardian**

-----