



MIDSUMMER MUSIC MADNESS 2022 REGISTRATION FORM

June 20-24th & June 27-July 1st

Please complete one form for each student attending the two week camp.

Student's Name: _____ Age: _____

Address: _____

Grade: _____ School: _____

Parents' Names: _____

Best Contact Number: _____ Relation _____

2nd Contact Number: _____ Relation _____

E-mail Address: _____

Do you have your own instrument? Yes or No (circle one)

If yes, what instrument: _____

Is this your first time learning to play a string instrument? Yes or No

Please indicate your student's interest by numbering the 1st, 2nd, 3rd, 4th choices etc:

Violin _____ Cello _____ Viola _____ Guitar _____ Piano _____ Percussion _____

Ukulele _____ Intermediate Ensemble _____ Advanced Ensemble _____ Theory _____

We are using this to gauge interest and finalize class offering; first choices may not always be possible.

Cost for the entire two week camp:

<u>FGBYO Members</u>	<u>Non-FGBYO Members</u>
\$300 (1st child)	\$350 (1st child)
\$250 (2nd child)	\$250 (2nd child)
\$200 (3rd child)	\$200 (3rd child)
\$150 (4th child)	\$150 (4th child)

More than 4 children are free!

If you have any questions call (337) 582-2466

For Official Use Only

Check #:

Amount:

Received by:

Mail application and check to: FGBYO Box 91103, Lake Charles, LA 70609

DR. F. G. BULBER YOUTH ORCHESTRA

MEDIA RELEASE FORM

Permission to use picture/name in media related productions

I hereby give my permission to the Francis G. Bulber Youth
Orchestra to use my child's *(please check one or both)*

Picture

Name

In associated media or publicity with/for the FGBYO. These may include newspaper articles/photos, recruitment pamphlets/brochures, local television interviews/filming (individually or with the performing group), and the FGBYO's own webpage.

Parent's/Guardian's Signature

Orchestra Member's
name (Please print)

Date

DR. F. G. BULBER YOUTH ORCHESTRA MEDICAL TREATMENT RELEASE FORM

To whom it may concern:

I, the undersigned, being the parent, legal next of kin, or the legal guardian of:

Name of Student

Date of Birth

hereby grant authorization to the Executive Director Emma Guillory of the Dr. Francis G. Bulber Youth Orchestra to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor while attending the FGBYO Midsummer Music Madness Summer Music Camp when I am not present. This includes transport to a hospital by ambulance if deemed necessary. I also grant permission to administer over-the-counter medication as needed.

Signature of person giving consent

Relationship to student

Type or print name

Date

Please check here if you have NO medical coverage on your child

Financial Considerations

For and in consideration of emergency services and goods rendered by or through the attending physician/s, the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of Responsible Party

(Same Person as Above)

Medical Insurance Carrier Information

Please fill out the following information if you DO have medical insurance coverage on your child:

Insurance Carrier: _____

Policy #: _____

Date of Birth: __/__/____

Group/Plan #: _____

Current Physician: _____

Insurance Carrier Phone #: _____

Please attach a photocopy (front and back) of your medical identification card.

List all known allergies to food, medication, etc. If none, so state:

List special medical problems or concerns. If none, so state:

Has the student had a tetanus shot within the last 5 years? (**Y / N**) Date: _____

In Case of Emergency:

1. Name: _____
Cell Phone: (____) ____ - _____
Home Phone: (____) ____ - _____
Work Phone: (____) ____ - _____
Relationship to student: _____
2. Name: _____
Cell Phone: (____) ____ - _____
Home Phone: (____) ____ - _____
Work Phone: (____) ____ - _____
Relationship to student: _____
3. Name: _____
Cell Phone: (____) ____ - _____
Home Phone: (____) ____ - _____
Work Phone: (____) ____ - _____
Relationship to student: _____

Please fill out this form as accurately as possible. If any changes occur, please notify FGBYO Executive Director Emma Guillory as soon as possible. All information is kept strictly confidential and only utilized in the event that medical treatment is needed.