**Please return (1) completed copy of the form with your Membership Application**
**(Keep one copy for your files) PLEASE PRINT CLEARLY**

Student(s) _____
Ensemble(s): OYS OYS/OYWS OYWS YAO YAO/OYWS OSO

## OKLAHOMA YOUTH SYMPHONIES, INC. – ATTENDANCE GUIDELINE FORM

If a musician has an Illness, Family Emergency or School Activity conflict that prohibits attendance at a rehearsal/concert performance, a Parent needs to notify the OYS administrative office (405.842.4090) prior to the schedule rehearsal/concert performance.

- If a musician has more than two (2) absences during a concert cycle, participation in the up-coming concert performance will be at the discretion of the conductor(s).
- If a musician has more than two (2) tardy during a concert cycle, participation in the up-coming concert performance will be at the discretion of the conductor(s).
- If a musician is absent or tardy to a performance rehearsal, participation in the concert performance will be at the discretion of the conductor(s).

_____ _____ _____
Student Signature Parent/Guardian Signature Date

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## OKLAHOMA YOUTH SYMPHONIES, INC. – MEDICAL RELEASE FORM

Student _____ Birth Date_____ Age _____ Sex ____

Address _____ Phone _____
Street City Zip

Name of Insured _____ Insurance Carrier _____

Policy/Plan No. _____

Known Allergies _____ Current Medications _____

IN CASE OF MEDICAL EMERGENCY, IF PARENT/GUARDIAN IS NOT AVAILABLE, NOTIFY:

_____
Name Phone Relationship to student

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IN CASE OF MEDICAL EMERGENCY at an Oklahoma Youth Symphonies (OYS) event when I am not available, I herby give permission to Staff/Conductors/Board Member(s) of the Oklahoma Youth Symphonies to obtain medical treatment for my child as named above and release Oklahoma Youth Symphonies Staff/Conductors/Board from any liability in obtaining this treatment. I understand that, in the event of a medical emergency, every effort will be made to contact me or above-named emergency contact prior to securing medical care/treatment for my child.

PARENT/GUARDIAN _____ DATE _____

SIGNATURE _____ PHONE NUMBER _____