



Application, Media Release, and Medical Information

2023-2024 Application

Student Information

Last Name: _____ First Name: _____
Current Address: _____
City: _____ State: ____ Zip: _____
Student's Cell: (_____) _____ - _____
Student's Email: _____ @ _____ . _____
Age as of 8/1/22: _____ School Grade (2022-2023): _____
Instrument: _____ Total Years of Study: _____

Parent / Guardian Information

Parent / Guardian Name: _____
Parent / Guardian Email: _____ @ _____ . _____
Parent / Guardian Home Phone: (_____) _____ - _____
Parent / Guardian Cell Phone: (_____) _____ - _____

Instructional Information

Name of School: _____
City: _____ Zip: _____
Music Director's Name: _____
Private Teacher's Name: _____
Phone: (_____) _____ - _____
Number of Years with Current Teacher: _____

List of Musical Experiences (awards, school programs, orchestras, bands, etc.):



Media Release

Pursuant to the furtherance of the purposes, goals and objectives of the Temecula Valley Youth Symphony, Inc., (DBA Temecula Valley Symphony) its officers, directors, staff, teachers, coaches, volunteers and / or employees are hereby granted permission to use photographs and video or audio recordings of:

(Musician's Name)

In granting the above permission, I hereby relinquish all rights, title or interest in the above-mentioned photographs and/or recordings. Additionally, I hereby grant the Temecula Valley Youth Symphony and the above said entities, its officers, employees, and licensee's permission for reproductions, uses or publications of photos and/recordings. Additionally, I release Temecula Valley Youth Symphony and the above said entities, its officers, employees, and licensees from any and all claims, that musician may now have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the photos and/or recordings. NOTE: We do not post photos on social media that identify the child by name. Photos may be posted to help promote the program but do not list individual student names unless parent/guardian approves.

Please choose your preferred option:

_____ (initial here) – NO! You may not use my child's name on any social media, websites, or advertisements.

_____ (initial here) – YES! You may use my child's first name only.

_____ (initial here) – YES! You may use my child's full name.

I have read and fully understand the Media Release. By signing at the end of this document, I certify that I am in agreement with its intent and purpose.



Medical Information

The undersigned, musician, the parent or legal guardian of musician, hereby agrees, on behalf of me and/or on behalf of musician, beginning as of the date of execution of this Release, to give consent to Temecula Valley Youth Symphony to contact the necessary emergency response (911) in the event of an emergency.

(Musician's Name)

Male Female DOB: ___ / ___ / _____

Special Medical Conditions (include food allergies):

Physician Name & Phone: _____ (____) ____ - _____

Parent / Guardian Name & Phone(1): _____ (____) ____ - _____

Parent / Guardian Name & Phone (2): _____ (____) ____ - _____

Emergency contact (s) other than Parent / Guardian:

_____ (____) ____ - _____

Notes:

Signatures for Application, Media Release, and Medical Information

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____

Date: ___ / ___ / _____

Student Name (please print): _____

Student Signature: _____

Date: ___ / ___ / _____

Please submit application form to:

Shelby Huber (Manager) - tvys@temeculavalleySymphony.org (805) 256-5614