

Community Music Programs

Under Age of 18 Health & Security Form

Please complete this page, sign and return for all participants under the age of 18. This form will not be processed unless the participant and parent or guardian signs the waiver. Please complete front and back of this form.

Please Print Clearly

Student Information:

Last Name	First Name	MI
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Parent/Guardian Information: *Please check appropriate box:* Parent Guardian

Last Name	First Name	MI
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Emergency Contact Information for Parent/Guardian:

Primary Phone	Alternate Phone	Email
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Street Address	City	State	Zip
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Health Insurance: *(Indicate the health insurer and policy # of the student, as well as contact information for the student's primary care physician).*

Health Concerns: *(Please indicate if there are any health concerns of which we should be aware.)*

Declaration:

We have read the Policies and Information, and understand and agree to the adult level of responsibility required of the student. I also understand that Georgia State University is not responsible for lost or stolen items during the Rialto Youth Jazz Orchestra events and rehearsals.

Signature of Participant	Date
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Signature of Parent or Guardian	Date
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Image-Use & Audio Release

Rialto Youth Jazz Orchestra participant photo images and audio recordings will be used by Georgia State University for publicity purposes online and in print. You might still be photographed or recorded, but we will remove your image and recording from any publications.

If you will not allow us to use your photo or recordings, you must contact the office of Community Music Programs in writing no later than Friday, October 7, 2016. Failure to contact the office by this date forfeits your ability to be removed from publications.



I agree to allow Georgia State University to use my photo and audio recordings of rehearsals, masterclasses, and/or performances for publicity purposes.

Student Signature

Date

Parent Signature

Date