



Yellow Springs
Youth Orchestra
Association

fostering a life-long passion for music

Summer Camp 2025 Registration

July 7th-11th

Student's Name (for program) _____

Nickname/preferred name (if different) _____

Age _____ T-shirt size _____ School _____

Instrument(s) _____

Years experience on primary instrument _____

Private Lessons? yes/no Years _____ Current teacher _____

Current piece (solo or method book) _____

Parent/Guardian's Name(s) _____

Address _____

City _____ Zip _____

Phone (best daytime contact) _____

Email _____

Cost: Early Bird before June 1 \$135 After June 1 \$160

\$10 discount for each additional family member

A completed medical form must accompany each application.

All Forms available on our website: ysyoa.org

Mail completed form to : YSYOA, P.O. Box 4, Yellow Springs, Ohio 45387

OFFICE ONLY _____ Payment _____ Cash _____ Check _____ Check Number _____

Medical Form _____ Media Release _____ t-shirt _____

Parent/Guardian Medical Consent Form - 2025
YSYOA Yellow Springs Summer Music Camp

At Yellow Springs High School
420 E. Enon Road, Yellow Springs, OH 45387

Student 1st name _____ Last name _____ Middle initial _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

1. **Parental/Guardian Consent:** I (Mr., Mrs., Ms.,) _____, the parent or legal guardian, as appropriate, of _____, give my consent for him/her to participate in all activities associated with the above stated Yellow Springs Summer Music Camp (hereafter known as YSSMC). I understand that this consent will include participation in all rehearsals, concerts, and activities related to YSSMC and will include travel to and from these events. I also understand the camper above is responsible to behave in a respectful manner and follow the rules set up at the above location(s) or locations of events related to the camp.
2. **Covid-19 Release:** As parent/guardian of the above said camper, I am aware of the potential risks due to the current pandemic as well as other similar factors such as influenza, SARS, or MRSA. I understand that by agreeing to send my child to this/these class(es), I am agreeing to the following:
- I am waiving my right to any liabilities, claims, lawsuits, collection of expenses, damages, or actions against representatives of YSSMC or facilities where classes, rehearsals, and performances take place due to injury, loss, or death related to the above illnesses.
 - I am agreeing to safety procedures which align with YSSMC, Mills Lawn, State, Local, and Federal law and mandates. I realize that if my child or immediate family show symptoms of or have come in contact with someone diagnosed with the above mentioned illnesses, including Covid-19, I will notify YSSMC representatives and will not attend camp until safe.

STUDENT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION

Chronic medical conditions _____

Current medications _____

Known allergies (medication/food) _____

Emergency Contact Name _____

Daytime phone _____ Alternate phone _____

Email _____

Health Insurance provider _____ Policy number _____

Name of policy holder _____

Primary Care Doctor _____ Phone _____

Medical Treatment Authorization: I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse, or hospital in the event that I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). (Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents/guardians, but a completed consent form will expedite treatment. Any exclusion from particular treatments must be legal and stated explicitly on this form with attachments if details are necessary.)

(Print Name of Parent or Legal Guardian) (Signature of Parent or Legal Guardian) Date: _____

(Print Name of Parent or Legal Guardian) (Signature of Parent or Legal Guardian) Date: _____

Primary contact phone _____ Email _____

NOTE: class attendees 18 or older who are their own legal guardian may sign this form.

Parent/Guardian Media Release Form - 2025

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At Yellow Springs High School

420 E. Enon Road, Yellow Springs, OH 45387

Student 1st name _____ Last name _____ Middle initial _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Media release: At times, families and representatives of YSSMC will want to take pictures or video of concerts and activities. These may be posted on the YSYOA website or social media of YSYOA or families of campers (including, but not limited to concert programs, brochures, booklets, videotapes, reports, press releases, websites, and exhibits.) I understand that names of campers shall never be distributed or posted without the express written consent for each image used of the below legal guardian(s).

_____ I give permission for my child's image to be used in the above described manner.

_____ I do not give permission for my child's image to be used in the above described manner unless their face has been appropriately blurred out. I give YSSMC permission to share this notice with families of other YSSMC campers. I do not hold YSSMC, YSYOA, Yellow Springs Exempted Village School District or its representatives responsible if someone not employed by them posts a picture.

(Print Name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

Date: _____

(Print Name of Parent or Legal Guardian)

(Signature of Parent or Legal Guardian)

Date: _____

Primary contact phone _____ Email _____