

# Mozart Strings Project Application – 2017-2018 Season

## Organizational Information and Contact Information

The Mozart Strings Project is part of the Colorado Springs Youth Symphony Association. Some of the forms in this packet are more appropriate for our touring groups; however, we are still required to have all of the forms on file. The first 4 pages contain important reference material for you to keep.

**NOTE: PLEASE KEEP THE FIRST 4 PAGES OF THIS PACKET AND THEN TURN IN THE REST. YOUR STUDENT CAN NOT ATTEND CLASS UNLESS ALL THE FORMS ARE COMPLETE!**

**For overall program questions, please contact:**

Mozart Strings Project Director	Renee Botton	719-660-1310	rbotton@csysa.com
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**For Site Specific Questions (or availability of classes at a site) please contact the teacher:**

**MOZART SITE**

**TEACHER CONTACT INFO**

Church at Briargate (TCA):	Renee Botton	719-660-1310	rbotton@csysa.com
Global Village Academy (GVA):	Hilda Bernard	719-649-3843	hbernard1204@gmail.com
Mountain Song (MS):	Hannah Bouchillon	719-966-9090	hebouchillon@gmail.com
Woodland Park (WP):	Ann Brown	719-687-1899	parkstrings@yahoo.com
Vanguard School (VG):	Faye Palmer	719-339-0433	violinviolalady@gmail.com

**For Financial Aid related questions, please contact:**

Executive Director	Keven Stewart	719-633-3901	kstewart@csysa.com
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**For account information or to make payments, please contact the office:**

Colorado Springs Youth Symphony Association			
Phone: 719-633-3901	Email: office@csysa.com		Website: <a href="http://www.csysa.com">www.csysa.com</a>

**Office Hours:**

Monday-Wednesday, 4:30pm-8:30pm  
Thursday, 10:30am-6:45pm  
Closed Friday-Sunday

**MAILING ADDRESS:**

CSYSA  
P.O. Box 7846  
Colorado Springs, CO 80933

**STREET ADDRESS (Please do not send mail here!):**

South End of Thomas MacLaren School  
1702 N Murray Blvd  
Colorado Springs, CO 80915

**NOTE: CHECKS SHOULD BE MADE PAYABLE TO CSYSA, (and have the Student's Name, Site Name, and Mozart written in the memo) Example: for John Smith, TCA Mozart**

**CLASSES DO FILL UP – SO CONTACT THE TEACHER FOR AVAILABILITY**  
**AND TO GET ON THE PREFERRED WAITING LISTS AS SOON AS POSSIBLE!**  
**Class reservations will not be finalized until the application and deposit**  
**are received.**

## **TO REGISTER FOR MOZART STRINGS, You must do the following:**

1). **CONTACT THE TEACHER FIRST** - to make sure there is room in the class and to tentatively reserve a spot or get on the waiting list. NOTE: Class reservation will not be finalized until the application and deposit are received. If deposit isn't received by your site's enrollment meeting, your spot will be available for someone else.

### **Call/Email the teacher with the following info:**

Students Info: Name, School, Grade, Instrument interested in (if known), Class day/time preference (if applicable)

Parents Info: Name, Phone Number, Email Address

Previous musical experience is not required, but please let us know if student has it.

2). **PRINT AND FILL OUT THE APPLICATION and TURN IN WITH DEPOSIT: (Please let your teacher know when you have turned in your application/deposit)**

- You can turn in your application and deposit the following ways:

\* Deposit - You can pay with Check or Credit Card (you can call in the credit card payment or bring it into the office).

\* Application - You can mail, bring in to the office, or bring to any enrollment meeting along with your payment.

NOTE: To reserve your spot, payment is due by the enrollment meeting date of the site.

**NOTE: Enrollment Meeting Dates/Times/Locations. (You may go to any enrollment meeting.)**

### **Mountain Song Community School Site**

Monday, 8/28 at 6:30pm

Mountain Song Community School Gym

2904 W Kiowa St, Colorado Springs, CO 80904

### **Vanguard Elementary School**

Thursday 8/31 at 6:30pm

Vanguard Wahsatch Campus Multipurpose Room

1832 S Wahsatch Ave, Colorado Springs, CO 80905

### **Global Village Academy**

Tuesday 9/5 at 6:30pm

GVA/Pulpit Rock Church (Room TBA)

301 Austin Bluffs Pkwy, Colorado Springs, CO 80918

### **TCA/Church at Briargate**

Thursday 9/7 at 6:30pm

Church at Briargate Sanctuary

9550 Otero Ave, Colorado Springs, 80920

### **Woodland Park**

Thursday 9/7 at 5:00pm

Columbine Elementary School Library

175 E. Kelly Road, Woodland Park, 80863

## Participation Fees for the 2017-2018 Mozart Strings Project

The Mozart Strings Project provides after-school beginning and intermediate string instruction from mid-September thru mid-May. It is a full year commitment. Tuition is \$442 for the entire school year (around \$7.00 per contact hour) and includes several performance opportunities. A tuition discount is given to families with 2 or more musicians in our groups. A \$7.00 Mozart Uniform t-shirt is also required and needs to be paid for with the deposit.

**Families may choose from the payment options listed below.**

**Deposits must be received by the CSYSA office on or before the first class, and are NOT refundable.**

**The table offers the amounts to pay, with the payment deadlines listed below.**

**Tuition cost for the year for Mozart is \$442: \$435 for tuition and \$7 for a Mozart t-shirt (required uniform).**

Option 1: Total amount of tuition due on first day of class

	<b>Option 1 (pay in full) 1 Payment</b>
<b>1<sup>st</sup> Student</b>	<b>\$442.00</b>
<b>Additional Students</b>	<b>\$398.50</b>

Option 2: Deposit due on first day of class – Non-refundable

5 payments due on October 15, 2017; November 15, 2017; December 15, 2017; January 15, 2018; and February 15, 2018

\*\*This option includes a \$24 finance charge

	<b>Option 2 (includes a \$24 finance charge)</b>		
	<b>Deposit</b>	<b>4 Payments of:</b>	<b>Last Payment</b>
<b>1<sup>st</sup> Student</b>	<b>\$87.00</b>	<b>\$76.00</b>	<b>\$75.00</b>
<b>Additional Students</b>	<b>\$87.00</b>	<b>\$76.00</b>	<b>\$31.50</b>

**Note:** If you apply for and receive financial aid, the \$24 finance charge will be waived. Payment plans for financial aid are the same as above, with the discount applied to later payments. **Financial Aid Applications will not be reviewed unless this application, including the initial deposit, has been received.**

**Second Child Discount:** For any family with musicians in multiple groups, a discount is applied to any additional child in the organization. If you have multiple students in Mozart, or if your Mozart student has a sibling in another group, please list the other siblings on the Contact Information Page.

**NOTE: CHECKS SHOULD BE MADE PAYABLE TO CSYSA, (and have the Student's Name, Site Name, and Mozart written at the top or in the memo) Example: for John Smith, TCA Mozart**

**PLEASE MAIL CHECKS TO THE P.O. BOX RATHER THAN THE PHYSICAL ADDRESS:**

**CSYSA, P.O. Box 7846, Colorado Springs, CO 80933**

Payments should be submitted to the CSYSA office. Teachers cannot accept payments!

Statements are emailed monthly as a courtesy to families. Payments are due per the payment plan you select at enrollment and are expected on time **whether or not you have received an emailed statement**

\*A late fee of 10% will be applied to any late payments on your selected payment plan.

**Deposits are non-refundable**

# Fundraising, Volunteering, and Tentative Concert Dates

## Fundraising and Volunteering

We want all musicians to have the chance to join our organization, regardless of financial status. As a result, we work to offset our costs with fundraising opportunities and request volunteer help when possible.

### Fundraising:

- We have one required fundraiser: a dry cookie dough fundraiser. It is a means to decrease our costs to all families. There is an obligation to raise \$100 for Mozart families. Additional funds brought in will go toward student accounts.
- King Soopers gift cards are a great way to earn money in a travel account by simply buying your groceries! You can purchase a card for \$10 in our office with \$10 already on it, and you can refill the card to purchase your groceries. Every time the card is refilled, 2.5% of that amount comes back to your musician's travel account, and the money accumulates over time.

Note: For Mozart families, this money will accumulate and can build for future tour costs, but the money **cannot** be applied towards tuition.

**Volunteering** is an essential role in CSYSA. Key positions comprise the CSYSA Parent Council which meets monthly. Other positions are available for Mozart parents who want to help with their kids' rehearsals, performances, and events. Be a part of our volunteer family; you will be rewarded working with others who want to make a significant difference in our community. A volunteer sign up form is included in this packet.

## Tentative Concert Dates

We have the Mozart Concert dates listed below. Please understand that dates are tentative and are subject to change.

First United Methodist Church – Thursday, November 16; 7:00pm

First United Methodist Church – Thursday, February 15; 7:00pm

Wasson High School Auditorium – Thursday, April 19; 7:00pm

# Participation Agreement

Student Name: \_\_\_\_\_

Mozart Site \_\_\_\_\_

**To parent and student: Please read this Agreement, sign, and return, along with the other forms in your enrollment packet, to the Youth Symphony office by the first day of class. Please be sure all forms are signed.**

**Student Agreement:** Having read the enclosed information, I accept the invitation to be a member of the Colorado Springs Youth Symphony Association and agree to abide by the schedule and expectations of the Youth Symphony. I further understand that as a representative of the Youth Symphony, I will make every effort to represent the organization in a positive and professional manner. I will wear the proper uniform to concerts to include no unnatural hair colors and no visible piercings (other than ears) or tattoos. I will be a member of my school instrumental music program if there is a program at my school. I will not do anything that will reflect poorly on myself as a member of the Youth Symphony Association. I agree to abide by the Rules of Behavior and Behavior Expectations as set forth. I further agree to handle emergency schedule conflicts with association events that arise in a mature manner by contacting the appropriate person well in advance of the conflict. I understand that violating any part of the membership agreement terminates my membership with the association.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent Agreement:** As a parent of a Youth Symphony Association member, I realize my obligation to the Association and my student member. I will keep current my financial and fundraising obligations. I will make sure that my child's Youth Symphony Association schedule is followed and that he/she is a contributing member of the organization. I will make sure that my child is a member of her/his school instrumental music program where available. I understand that Youth Symphony Association may contact my child's school to verify their participation. I further understand that excessive absences and tardiness, inappropriate behavior, and unfulfilled obligations either musical and/or financial will be cause for dismissal from the Association. I will pay for any damage to music or property that occurs as a result of my child's behavior.

**I understand that camp, concert and tour participation is required** as set forth.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**I have included the following forms and deposit/payment:**

- \_\_\_ MSP Site and Class Placement Page
- \_\_\_ General Information Page
- \_\_\_ Contact Information Page
- \_\_\_ Release of Liability Form
- \_\_\_ Behavior Expectations
- \_\_\_ Required Fundraiser
- \_\_\_ Financial Aid Form (Optional)
- \_\_\_ Health/Emergency Contact Form
- \_\_\_ Photographic Release
- \_\_\_ Parent Council and Volunteer Form (Optional)
- \_\_\_ Payment of \$\_\_\_\_\_ (choose based on payment plans, listed on the back page)



## General Information

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Group: \_\_\_\_\_ Instrument: \_\_\_\_\_

Do you have siblings in other groups? Yes No

Sibling names and groups: \_\_\_\_\_

Full name of school attending this Fall: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

**We recognize the hard work put in by the teachers of our musicians. The names of each school teacher and private teacher will be printed in the program for the December concert.**

Private teacher name(s) (if applicable) \_\_\_\_\_

Shirt size (this is used for ordering Mozart uniform shirts):

\_\_\_\_ Youth Small

\_\_\_\_ Youth Medium

\_\_\_\_ Youth Large

\_\_\_\_ Adult Small

\_\_\_\_ Adult Medium

\_\_\_\_ Adult Large

\_\_\_\_ Adult Extra Large

\_\_\_\_ I do not need a new shirt (only select this option if you already have a MSP shirt that still fits)

## Contact Information

Student Name: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on September 1: \_\_\_\_ Sex: Male Female

Primary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Home Phone (or best contact number if you don't have one): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Secondary Mailing Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Student Cell Phone (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Note: Much of our communication takes place over email. Please provide email addresses that are checked frequently. Only one email can receive billing statements. All addresses listed will receive concert information, flyers, and all other notifications.**

Primary Billing email (this will be used to send billing information): \_\_\_\_\_

Mother email: \_\_\_\_\_ Father email: \_\_\_\_\_

Student email: \_\_\_\_\_ Additional email: \_\_\_\_\_

**Our organization will keep the information requested on this page for our staff and teachers to contact you.**

I have correctly completed, to the best of my knowledge, the Contact Information Page.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**2017-18 Season**  
**COLORADO SPRINGS YOUTH SYMPHONY ASSOCIATION**

**RELEASE OF LIABILITY**

July 1, 2017 – June 30, 2018 ~ Term of Agreement

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Name of your child (Please print clearly)

Child's date of birth

CSYSA Group(s) :       MSP

**THIS IS A BINDING LEGAL DOCUMENT, PLEASE READ BEFORE SIGNING!**

In consideration of my child ("Child") being allowed to participate as a member of the Colorado Springs Youth Symphony Association ("CSYSA") group listed above, and related concert, tour rehearsal and camp events, I understand, acknowledge and agree, for myself and my Child that:

My Child's participation in the above listed group, and /or all related concert and camp events, including tours and other CSYSA activities, requires that he/she follow the instructions, rules (of which we have received a copy), and regulations established by the CSYSA. I agree that my Child and I will abide by these rules and be supportive of all the CSYSA policies, chaperones, volunteers, and leadership. My Child and I agree to abide by all federal, state, and local laws while present at any group or CSYSA activity, including tours, concerts, camps and rehearsals.

I agree my Child will refrain from the use of non-therapeutic drugs and/or alcoholic beverages during all group CSYSA activities and events. I will not be under the influence of non-therapeutic drugs or alcoholic beverages while I am present, in any capacity, at any group or CSYSA activity or event.

In the event CSYSA cannot, in the case of an emergency, make a reasonable attempt to contact a parent or legal guardian of my Child, I hereby give any agent or employee of CSYSA permission to act in my behalf to seek emergency medical treatment for my Child, in the event that such treatment is deemed necessary by the agent or employee, in his/her sole judgment. I agree that Colorado Springs Youth Symphony Association may obtain medical attention, advice, evaluation or treatment for my child in an emergency while participating in any activities of the organization. In case of emergency, I understand that reasonable efforts will be made by CSYSA to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance. I hereby give my permission for the administration of over-the-counter medications by the CSYSA staff. I agree and understand that the Colorado Springs Youth Symphony Association has sole discretion to determine when such an emergency has occurred.

(continued on 2nd page)

Because my Child's participation with the group and/or CSYSA events, including tours, concerts, camps and rehearsals, may involve travel inside and/or outside Colorado by airline, automobile, bus, or other mode of transportation, as well as contact and interaction with the general public. We BOTH acknowledge that the risk of property damage or loss, injury, accident, illness or death from events is present and difficult to quantify. There may also be other risks that are not known to, or anticipated by, me. CSYSA is very cognizant of and does the utmost to provide the safest environment possible; however, if my child or I believe anything about any group and/or CSYSA event, including tours, concerts and/or rehearsals, is not reasonably safe, we will not join the organization. Once my child has joined, I understand that my child's membership may be terminated for non-participation in required programs/activities.

**I CONSENT** to my Child's participation in the group and all CSYSA events and programs, including concerts, camps, tours and rehearsals.

Except for intentional wrongful acts by representatives of the CSYSA, and except for instances of gross or willful negligence on the part of representatives of the CSYSA, I agree to forego pursuing any damage claim, of any type, against CSYSA, its agents, volunteers, directors, chaperones, officers and/or representatives. Claims not arising from intentional wrongful acts, or gross or willful negligence, are hereby waived. **I ASSUME** any and all Risks, known and unknown, and **I ASSUME** all legal and financial responsibility for any losses, costs, and damages that may arise from any property damage or loss, injury, accident, illness, or death to my Child, whether caused, in part or in total, by the ordinary negligence of CSYSA.

All disputes regarding this agreement and/or any claim for damages regarding any group and/or CSYSA event, program, concert, tour, rehearsal, camp or other activity or program, shall be resolved by arbitration pursuant to the Uniform Arbitration Act as adopted in Colorado. All arbitration shall take place under the direction of the American Arbitration Association, and its arbitration rules. All arbitrations shall take place in Colorado Springs, Colorado. If I request arbitration, I shall initially pay all costs and fees associated with the arbitration, but such fees and costs are subject to award by the arbiter(s).

**I HAVE CAREFULLY READ** this Release, Waiver, Assumption of Risk, and Consent agreement. I fully understand its terms and understand I have given up substantial legal and financial rights by signing this Agreement. I sign it freely and voluntarily, without any inducement except participation in the Event by my Child.

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Print Parent/Guardian Name

Parent/Guardian Signature

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Print Parent/Guardian Name

Parent/Guardian Signature

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Print Musician's Name

Musician's Signature

# Behavior Expectations for All CSYSA Musicians

As a participant in the Colorado Springs Youth Symphony Association, I agree to:

- Be sensitive to the needs of each group member and respect those with whom I come in contact.
- Participate in all activities as an active member of the association.
- Focus when instructions are given so that I know when to be places, where we are going, what to wear, etc.
- Be considerate and respectful at all times to musicians, adults, audiences, volunteers, and anyone else I encounter.
- Be on time!
- Have a quiet and professional demeanor.
- Not use obscene and/or discriminatory language, and not display drug-related/sexual messages on clothing or jewelry nor speak about those topics.
- Maintain a professional demeanor at all YS events by saving my comments and observations until after the performance.
- Be responsible for myself in all situations, maintaining a positive outlook that will reflect well upon me and the organization, providing a positive example for others to follow. (Oh boy, my favorite!)
- Understand that good manners are expected.
- Have a great attitude and the willingness to be flexible.
- Follow the Rules of Behavior in the Release of Liability form (earlier page) concerning intolerance for tobacco, alcohol, or other drugs.

## Disciplinary Actions

Disciplinary measures will include some or all of the following:

- A verbal warning.
- Conference with staff member(s).
- Phone call to parents.
- Conference with parents.
- For special activities, including tours, day trips, concerts, parties and camp, parents may be called to come get you. In the case of a tour that involves air flight home, parents may choose to have their musician come home unaccompanied if they are not willing to pick them up. The Youth Symphony Association will not be responsible for such students except to provide transportation to the airport. Any expenses involved in getting a musician home will be the responsibility of the musician's family.
- Dismissal from the organization for serious infractions. Serious infractions are defined as engaging in illegal behavior, leaving the group, aggressive physical attack on another person.

I/we have discussed with my/our musician behavior expectations and consequences. I/we understand that if disciplinary action is taken that requires that my/our child be removed from an activity including tour, I/we will be responsible for all costs involved, including transportation. Transportation costs could include an adult accompanying a minor.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand and will abide by the expectations and responsibilities of being a member of the Colorado Springs Youth Symphony Association, and have discussed appropriate behavior expectations with my parents.

Musician Signature \_\_\_\_\_

Date \_\_\_\_\_

## Required Fundraiser

Many years ago, the CSYSA Parent Council made a decision to implement just one large fundraiser rather than many smaller fundraisers in support of the organization. We continue to offer one required fundraiser, in addition to several optional ones.

**Fundraiser:** Our required fundraiser is replacing the raffle fundraiser from years past. The chosen fundraiser is a dry cookie dough fundraiser, taking place in January and February.

**Requirement for auditioned groups:** Families with one or more musicians in our auditioned groups are required to raise \$200 in this fundraiser. This \$200 obligation is per family, not per musician! If you do not meet the requirement, you will be billed for the remainder. We very much appreciate the hard work that families and musicians contribute to this fundraising endeavor.

**Requirement for Mozart Strings:** Families with musicians only in Mozart are required to raise \$100 in this fundraiser. This \$100 obligation is per family, not per musician! If the Mozart musician has a sibling in an auditioned group, the obligation is based on the auditioned musician. If you do not meet the requirement, you will be billed for the remainder. We very much appreciate the hard work that families and musicians contribute to this fundraising endeavor.

**Musician Name:** \_\_\_\_\_ **Group:** MSP

As parent/guardian of the above-named musician, I agree to fulfill the Fundraising commitment for the 17/18 Youth Symphony Association season. I understand that my family must raise \$200 (or \$100) and that the monies must be turned into the office at the deadline determined by the office staff. I further understand that failure to comply will preclude my musician from performing in the April/May concert and will preclude him/her for auditioning for the next season. Musicians that drop prior to this fundraiser are still required to fulfill the commitment-tuition was reduced for your musician with the understanding that he/she would participate in the raffle. I understand that I will be billed for the remaining amount for the fundraiser if I do not raise the amount agreed upon in this packet.

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# FINANCIAL AID

2017-2018

It is the intent of the Colorado Springs Youth Symphony Association that all students accepted into the Youth Symphony, Ovation Youth Orchestra, Pikes Peak Winds, Bravo! Winds, Vivace Strings, Allegro Strings, Amadeus Strings, Wolfgang Strings, and Mozart Strings Project are able to participate. Financial Aid is available only to those who financially qualify\*. The information on this form will be treated as confidential. Applications (for students accepted at spring audition time) must be received by September 1, 2017. Students accepted at other times of the year have one month from the time they are accepted to apply (for Mozart students, this is one month after your first class).

\*Financial aid qualification is based on family size, income and special circumstances. Families who are provided with financial aid are expected to participate in some or all of the annual fundraisers to help offset the costs of tuition/tour.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM if you are requesting financial aid.**

To be considered for financial aid, you **MUST** enclose a copy of your most recent 1040 tax form, showing earnings from last year. You must also submit a completed MSP application **WITH** deposit. Applications will not be reviewed without all of this.

Name \_\_\_\_\_ Instrument \_\_\_\_\_ YS Group \_\_\_\_\_

I am applying for financial aid for (circle one):            Tour            Tuition            Both

Email Address for notification \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Position \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Position \_\_\_\_\_

Number of persons in the family (including applicant) \_\_\_\_\_

Total gross family income before deductions, including wages of all working members, welfare payments, pensions, social security, alimony, child support--circle one:

a) Up to \$25,000                      b) \$25,001 to \$35,000                      c) \$35,001 to \$45,000

d) \$45,001 to \$55,000                      e) \$55,001 to \$65,000                      f) \$65,001 and above

Continue on 2<sup>nd</sup> page

Do you receive non-taxable income? (i.e. child support, SSI, etc.)

Description	Amount
_____	_____
_____	_____
_____	_____

Do you qualify for school lunch assistance? (Circle appropriate answer)                      YES                      NO

Are there special family circumstances related to your need for financial assistance? Special circumstances we will consider are non-elective expenses or non-elective reduced income. Children in college, private schools and such are not special circumstances-those are elective (for example). Serious medical bills, etc. are special circumstances (for example). If so, please explain:

If you are not attaching a 1040 from last year, please explain why:

Parent's signature \_\_\_\_\_ Date of application \_\_\_\_\_

# The Colorado Springs Youth Symphony Association 2017-2018 Health/Emergency Consent Form

Musician Name: \_\_\_\_\_ Group: \_\_\_\_\_ MSP \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Additional Emergency Contact (contacted if parents/guardians cannot be reached): \_\_\_\_\_

Relation to musician: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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## Medical Information

Food Allergies (list any and all): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicinal Allergies (list any and all): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Long-term Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician (if applicable): \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Hospital Preference (if any): \_\_\_\_\_

# 2017-2018 Health/Emergency Consent Form, cont.

## Insurance Information

Select one of the following:

- I have health insurance and have attached a copy of the insurance card or Tricare eligibility form to this application.
- My health insurance has no insurance card, but the information below is correct.
- I do not have health insurance
- I do not wish to provide insurance information.

Health Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Verification Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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I agree that Colorado Springs Youth Symphony Association may obtain medical attention, advice, evaluation or treatment for my child in an emergency while participating in any activities of the organization. In case of emergency, I understand that reasonable efforts will be made by the Youth Symphony Association to contact me. In the event of an emergency, I agree to pay for any medical services that might be needed beyond that provided by my insurance. I agree and understand that the Colorado Springs Youth Symphony Association has sole discretion to determine when such an emergency has occurred. I hereby give my permission for the administration of over-the-counter medications listed (acetaminophen/Tylenol, ibuprofen/Advil, naproxen sodium/Aleve, PeptoBismol, Tums, Benadryl, cough drops/throat lozenges, Emergen-C, Airborne, Sudafed, Neosporin topical gel, Calamine lotion, Cortizone cream) by the Association staff or Association official volunteer.

List any exceptions here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A copy of this information is held by the group's conductor and/or chaperones whenever a group goes on tour or attends camp.**

# Colorado Springs Youth Symphony Association Photographic Release

Student Name: \_\_\_\_\_ Group:     MSP    

As the Youth Symphony Association has grown over the years, we began using photographs of our young musicians in brochures, the newsletter, publicity, posters, and web pages. We are very proud of our remarkable students and their accomplishments and we want very much to brag about them.

**I authorize the Colorado Springs Youth Symphony Association to use my [child's] name or photograph in press releases, stationary, direct mail, publicity, newspaper articles, web site, or any other means not demeaning to my [child's] person. When possible, the Youth Symphony will provide advance notice of use of name or photograph.**

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Musician Name (required if musician is over 18): \_\_\_\_\_

Musician Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Council and Volunteer Positions

Please check if you would be willing to volunteer for any of the following:

- Supervise musicians at concerts
- Assist with getting raffle information/tickets to Mozart sites
- Assist with receptions/food when needed for concerts
- Assist teachers at sites with various tasks
- Take photographs of occasional rehearsals and concerts.
- Where needed

Your Name(s): \_\_\_\_\_

Musician Name(s): \_\_\_\_\_

Musician(s)'s Instrument(s): \_\_\_\_\_

MSP site: \_\_\_\_\_ Class Time: \_\_\_\_\_

Class:            Beginning\_\_\_\_            Intermediate\_\_\_\_            Advanced\_\_\_\_