

# SEMAYO Summer 2025 Application

Camper's Name \_\_\_\_\_ Instrument \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

Adult Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

School Attending in Fall \_\_\_\_\_ Entering Grade \_\_\_\_\_

Private Teacher (if available) \_\_\_\_\_

Camper T-Shirt Size: ☐ Y-S ☐ Y-M ☐ Y-L ☐ Y-XL ☐ A-S ☐ A-M ☐ A-L ☐ A-XL ☐ A-XXL

Preferred Group\* ☐ Group 1 (Beg) ☐ Group 2 (Int) ☐ Group 3 (Adv)

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Parental/Guardian Consent: My son's/daughter's membership in the Southeastern Massachusetts Youth Orchestra constitutes a willingness to appear in any promotions/public relations not limited to photographs and videos taken and recording/tapes/CDs made in connection with all their functions; and releases the Orchestra and affiliated organizations from liabilities resulting from use of such photographs/videos and recordings and tapes/CDs. Furthermore, no remuneration can be paid or received. My son/daughter has my permission to participate in the scheduled activities of the Southeastern Massachusetts Youth Orchestra under the supervision of the Staff and Volunteers. This includes rehearsals, concerts and other events at announced locations and the necessary transportation to and from them. All persons participating in these activities are deemed to have waived all claims against the New Bedford Symphony Orchestra, the Southeastern Massachusetts Youth Orchestra, and their respective employees and volunteers, for injury, accident, illness, or death occurring during or by any reason of these activities; including damage caused to musical instruments. I agree to direct my child to cooperate and conform to directions and instructions of the SEMAYOs' personnel in charge of activities. Should it be necessary for my child to have medical treatment while participating in these activities, I hereby give the Southeastern Massachusetts Youth Orchestras' personnel permission to render medical treatment deemed necessary and appropriate by a physician. I understand that the Southeastern Massachusetts Youth Orchestra has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

**SIGNATURE OF REGISTRANT\*:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

\*Parent or Guardian must sign for youth 18 and under. Signature indicates the registrant agrees to all registration and refund policies. Registration is not complete without signature.

## **MEDICAL INFORMATION**

*Please print all responses; registration is not complete if this page is unfinished.*

Camper's Name \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Home/Work

Cell

Please list any allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other relevant medical concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Approved Pick-up Adult Information**

Name

Relationship to Camper

Phone #

Name

Relationship to Camper

Phone #