

ALBUQUERQUE YOUTH SYMPHONY PROGRAM, INC.
PERMISSION TO PARTICIPATE, AUTHORIZATION FOR MEDICAL SERVICES & RELEASE

THIS FORM IS TO BE FILLED OUT COMPLETELY, SIGNED AND RETURNED TO THE EXECUTIVE DIRECTOR OF THE ALBUQUERQUE YOUTH SYMPHONY PROGRAM, INC. (AYS Program), A NEW MEXICO NONPROFIT CORPORATION, BEFORE THE STUDENT PARTICIPANT IS ALLOWED TO PARTICIPATE IN ANY PROGRAM OR ACTIVITIES OF THE AYSP.

The parent/guardian of _____ hereby gives permission for said student to participate in
(Name of student participant)

any functions related to membership in any of the AYS Program orchestras such as rehearsals, performances, tours, and fund raising activities. The parent/guardian gives the AYS Program permission to use the above mentioned student's name and likeness to publicize the AYS Program in promotional materials and on the website without compensation.

The parent/legal guardian and participant acknowledge that there is an element of risk involved in any activity or program and certify that the participant is physically, mentally, and emotionally capable of attending and participating in the activities and programs; assumes all risk of and financial responsibility for any loss or injury to the participant or other that may occur as a result of the participant's negligence or misconduct; indemnifies and holds AYS Program and all its agents harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by AYS Program as a result of, or arising out of, the participant's negligence or misconduct.

The parent/legal guardian and participant authorize the AYS Program or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the participant, in the event of the participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment.

Prescription medication(s) student is taking: _____

Allergies to medication (such as penicillin): _____

The parent/guardian and student do hereby accept and agree to the responsibilities related to the following statement of prohibited activities ("PROHIBITED ACTIVITIES"):

- A. A student will not by any conduct, act, force or threat deprive another person of the exercise of personal rights and responsibilities, nor engage in any conduct which causes disruption of any lawful mission, process or function of any AYS Program sponsored program or activity.
- B. A student will not intentionally cause or attempt to cause damage to any AYS Program, school, or private property or steal or attempt to steal any AYS Program, school, or private property. If a student causes willful damage to any above-described property, then the AYS Program will seek restitution from the student and parent/guardian.
- C. A student will not intentionally cause or attempt to cause physical injury to any person or behave in such a way as could reasonably cause physical injury to another person or themselves.
- D. A student will not possess, handle or transmit any object that could reasonably be considered a weapon.

PERMISSION TO PARTICIPATE/MEDICAL FORM, PAGE 2

- E. A student will not possess, use, sell, distribute, transmit or be under the influence of any substance capable of producing a change in behavior or altering a state of mind or feeling, including and without limitation, any alcoholic beverage or any item collectively referred to as a "controlled substance." Use of any medication authorized by a written medical prescription from a registered physician, and in accordance with professional instructions, will not be considered a violation of this rule. Students taking medication should inform the appropriate AYS Program Conductor, staff member and/or chaperone.
- F. Any violation of any applicable local, state or federal laws, or the applicable laws of other countries, or any AYS Program rules or policies now or hereafter adopted by the Board or Directors of the AYS Program.

The parent/guardian and student understand and agree that if any AYS program conductor, staff member and/or any AYS program chaperone or any other agent determines that the student has engaged in any prohibited activities during any AYS program sponsored program or activity, then:

- A. The student will be sent home at the expense of the parent/guardian;
- B. The parent/guardian will be financially responsible for any damages or expenses that may result from the student engaging in any prohibited activity; and
- C. The student will be dismissed as a participant in any programs or activities of the AYS program.


I have read the above and agree, as the party legally responsible for the above-named student, to all of the statements and terms set forth. **I HAVE READ THE STUDENT HANDBOOK FOR THE 2010 - 2011 ALBUQUERQUE YOUTH SYMPHONY PROGRAM, INC. AND AGREE TO ABIDE BY THE AYS PROGRAM POLICIES.** The handbook can be found on our website at www.aysmusic.org.

(Signature of Parent/Guardian) (Date)

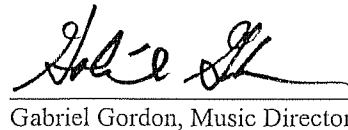
(Home Address) (Home Phone) (Business Phone) (e-mail address)

I have read the above and agree to all of the statements and terms set forth. **I HAVE ALSO READ THE STUDENT HANDBOOK FOR THE 2010 – 2011 ALBUQUERQUE YOUTH SYMPHONY PROGRAM, INC. AND AGREE TO ABIDE BY THE AYS PROGRAM POLICIES.** The handbook can be found on our website at www.aysmusic.org.

(Signature of Student) (Date)



 Kristine Purrington, Executive Director June 4, 2010
 (Date)



 Gabriel Gordon, Music Director June 4, 2010
 (Date)

The AYS Program Executive Director will maintain the original copy of this permission form. Please keep a copy of this signed document for your records.