

HILL COUNTRY YOUTH ORCHESTRAS, INC. STUDENT REGISTRATION

Return to HCYO Staff Assistant, 321 Thompson Drive, Kerrville, TX 78028

Full Name Student #1 _____ School _____ M/F _____ DOB _____ Instrument _____

Full Name Student #2 _____ School _____ M/F _____ DOB _____ Instrument _____

Full Name Student #3 _____ School _____ M/F _____ DOB _____ Instrument _____

Mother's Full Name _____ Mother's E-Mail Address _____

Mother's Physical Address, City, Zip _____

Mother's Mailing Address, if different, City, Zip _____

Home Phone (_____) _____ Cellular Phone (_____) _____ Work Phone (_____) _____

Father's Full Name _____ Father's E-Mail Address _____

Father's Physical Address, City, Zip _____

Father's Mailing Address, if different, City, Zip _____

Home Phone (_____) _____ Cellular Phone (_____) _____ Work (_____) _____

Child lives with: Mother: _____ Father: _____ Both: _____ Other: _____

Emergency Contact: Name _____ Address _____

Phone Hm: _____ Cell: _____ Wk: _____ Relationship _____

Please circle Yes or No for each, below:

Yes No I am noting special information about my child. (Note special problems such as allergies, existing illness and/or medication prescribed for continuous long term use.)

Yes No My child has permission to have photographs, slides and audio/video taping done for educational purposes.

Yes No My child has authorization for medical care in an emergency.

I understand and accept the policies of Hill Country Youth Orchestras, Inc.

Date _____ Signature of Parent/Guardian _____ Enrollment Date _____