



AMERICAN THEATRE ORGAN SOCIETY

*Feel the Music!*

## SUMMER YOUTH ADVENTURE

July 17 – 21, 2017

Chicago, Illinois

(and surrounding areas)

### Application Form

(Please type or print)

Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Contact Telephone \_\_\_\_\_

*Please provide a number (preferably mobile phone) that we can use to contact you during the SYA*

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Will you be driving to the SYA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not driving, please provide flight or train information if known:

Arrival: \_\_\_\_\_  
*Airline & flight number* *Time*

Departure: \_\_\_\_\_  
*Airline & flight number* *Time*

Are you, or is someone in your household an ATOS member? \_\_\_\_\_

\*If so, what is the name of the ATOS member? \_\_\_\_\_

\*Local chapter affiliation (if any) \_\_\_\_\_

How much exposure have you had playing a theatre pipe organ?

--Check one--      \_\_\_ frequent      \_\_\_ occasional      \_\_\_ never

Have you played organ professionally?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*If yes, in what capacity?    \_\_\_ Band    \_\_\_ Church    \_\_\_ Club    \_\_\_ Other \_\_\_\_\_

Have you had professional theatre organ lessons? \_\_\_\_\_

\*If yes, name of organ instructor \_\_\_\_\_

Have you ever attended a Pipe Organ Encounter hosted by a chapter of the American Guild of Organists (AGO)?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*If yes, in what city (cities) and year(s)? \_\_\_\_\_

\_\_\_\_\_

Have you ever been a part of a restoration, installation, maintenance or conservation of a theatre pipe organ? \_\_\_\_\_

\*If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_

What other instruments do you play? \_\_\_\_\_

Please list other areas of musical study (*i.e.*: music theory, music history, band, orchestra, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any specific areas of study would you especially like to have covered in this year's Summer Youth Adventure? If so, please list below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We look forward to welcoming you to the 2017 Summer Youth Adventure.

By signing below, you acknowledge that you have read the "ATOS Summer Youth Adventure Program Overview & Guidelines" as well as the ATOS Youth Protection Policy and agree to abide by the rules and expectations discussed in that document. By signing below, you also acknowledge that you will abide by any rules that apply to any activities that may take place during the Summer Youth Adventure. While ATOS will take reasonable steps to ensure the safety of all students, your signature below and participation in the Summer Youth Adventure constitutes an acceptance of the risks of participating in the program and your agreement to release ATOS, its directors, officers, staff members, as well as the staff, hosts, or participants of the Summer Youth Adventure from any claims arising out of your participation in the Summer Youth Adventure.

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

**SYA TUITION (please check one)**

- Enclosed is a check or money order for \$325.00 to cover my tuition for the SYA.
- I have been awarded a partial tuition waiver scholarship, and have enclosed a check or money order for the balance of \$\_\_\_\_\_.
- I have been awarded a full tuition waiver scholarship.

**PLEASE NOTE:** Scholarships are available for students who may need financial assistance in meeting the costs of attending the Summer Youth Adventure. For additional information, please contact Donna Parker ([d.parker@atos.org](mailto:d.parker@atos.org)) or Jelani Eddington ([rj.eddington@atos.org](mailto:rj.eddington@atos.org)).

# Health/Emergency Information Form\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_

Home Phone \_\_\_\_\_ Blood Type \_\_\_\_\_

1) Do you have any health conditions (e.g., allergies, chronic medical conditions) or special circumstances (legal arrangements, and/or other circumstances) of which we should be aware prior to emergency treatment? **\*\* PLEASE NOTE IN PARTICULAR ANY FOOD ALLERGIES \*\***

\_\_\_\_ NO \_\_\_\_ YES (please explain, include any current medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Whom should we notify in case of an accident or medical emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3) Please give us the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

1) Name of Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

2) Name of Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

*\*\*Providing information on this form is not required, but is requested to help ATOS in the unlikely event that an unanticipated situation or medical emergency arises during the Summer Youth Adventure. Any information provided on this form shall be held by ATOS in the strictest of confidence and shall not be disclosed to any third party unless necessary to address or prevent a medical emergency.*

**NOTE: If you will be under 18 years of age as of the start of the Summer Youth Adventure, the following information MUST be completed by your parent or legal guardian. If you are under 18, you must be accompanied by your parent, legal guardian, or an adult of your parent or guardian's choosing.**

## **Parental Consent and Medical Release Form**

(for participants under the age of 18 as of the start of the Summer Youth Adventure)

I hereby give permission for my son/daughter \_\_\_\_\_ to attend the ATOS Summer Youth Adventure to be held in Chicago, Illinois and the surrounding areas from July 17-21, 2017, including any day(s) before or after the event as a result of travel in connection with the Summer Youth Adventure.

Parent or guardian signature \_\_\_\_\_

Please print name \_\_\_\_\_

Relationship to student \_\_\_\_\_

The adult who will be accompanying him/her will be

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

Address: \_\_\_\_\_

City , State, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

I recognize that part of the curriculum for the ATOS 2017 Summer Youth Adventure in which my child is participating includes transportation to other sites and venues for various activities. I also understand that photographs may be taken of events during the Summer Youth Adventure for archival and publicity purposes which may contain images of my child. I give my permission to ATOS to publish any such photograph(s) in ATOS' Journal, on the ATOS website, or in any other ATOS publication. I further authorize the American Theatre Organ Society (ATOS) and its representatives to act on our behalf in the event of a medical emergency if we cannot be reached. While ATOS will take reasonable measures to ensure the safety of all participants, I acknowledge that there may be some risks associated with the participation of my son or daughter in the Summer Youth Adventure. Accordingly, I release ATOS, its directors, officers, staff members, as well as the staff, hosts, or participants of the Summer Youth Adventure from any claims arising out of the participation of my son or daughter in the Summer Youth Adventure.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

**Please send this application and all completed forms to  
R. Jelani Eddington, P.O. Box 44092, Racine, WI 53404-7002 by July 1, 2017. You may also email  
the completed forms to [rj.eddington@sbcglobal.net](mailto:rj.eddington@sbcglobal.net)**

### **APPLICATION CHECKLIST**

**STOP! Have you included the following items with this application?**

- Your completed and signed application;
- Your Health/Emergency Information Form;
- If you will be under 18 as of the start of the Summer Youth Adventure, the completed parental consent and medical release forms signed by your parent or legal guardian;
- Your tuition check/money order for \$325 (made payable to ATOS). **If you have been awarded a tuition waiver scholarship, please indicate by checking the appropriate box on page 3.**