



AMERICAN THEATRE ORGAN SOCIETY

Feel the Music!

SUMMER YOUTH ADVENTURE

July 23-27, 2012

Wilmington, Delaware

(and surrounding areas)

Application Form

(Please type or print)

Name _____

Home Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Date of Birth _____

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 participated in the ATOS Young Theatre Organist Competition? _____

*If yes, what years? _____

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.

Signature of student: _____

Date: _____

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) or Jelani Eddington (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 Wilmington, Delaware and the surrounding areas from July 23-27, 2012.

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 2012 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.

Signature of parent/guardian

Date

**Please send this application and all completed forms to
Ms. Madeline LiVolsi, 5747 West Missouri Avenue Spc 150, Glendale, AZ, 85301, by July 1, 2012**

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 \$295 (made payable to ATOS)