



AMERICAN THEATRE ORGAN SOCIETY

Feel the Music!

SUMMER YOUTH ADVENTURE

July 22 – 26, 2013

Portland, Oregon

(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 2013 Summer Youth Adventure.

By signing below, you acknowledge that you have read the document "ATOS Summer Youth Adventure Program Overview & Guidelines" and agree to abide by the rules and expectations discussed in that document.

Signature of student: _____

Date: _____

SYA TUITION (please check one)

- Enclosed is a check or money order for \$295.00 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) 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 Portland, Oregon and the surrounding areas from July 22-26, 2013.

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 2013 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, 2013**

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). **If you have been awarded a tuition waiver scholarship, please indicate by checking the appropriate box on page 2.**