



VIRTUAL SUMMER YOUTH ADVENTURE

July 11 – 16, 2021

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 _____

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 2021 Virtual 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: _____

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.

Parental Consent 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 and participate in the ATOS Summer Youth Adventure to be virtually and online from July 11-16, 2021.

Parent or guardian signature _____

Please print name _____

Relationship to student _____

I recognize that part of the curriculum for the ATOS 2021 Summer Youth Adventure in which my child is participating includes virtual participation and interaction with various venues and 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, 2021. You may also email
the completed forms to rj.eddington@sbcglobal.net**

APPLICATION CHECKLIST

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

- Your completed and signed application;
- 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;