

**PLEASE NOTE: FOR INSURANCE PURPOSES THIS FORM MUST BE COMPLETED  
IN FULL AND SUBMITTED NO LATER THAN THE 4<sup>TH</sup> REHEARSAL.**

ORCHESTRA \_\_\_\_\_  EASTSIDE  NORTHWEST

STUDENT INFORMATION:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
STUDENT E-MAIL \_\_\_\_\_ STUDENT CELL \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ ORCH. DIRECTOR \_\_\_\_\_  
INSTRUMENT \_\_\_\_\_ PRIVATE TEACHER \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

PHONE NUMBERS:

FATHER \_\_\_\_\_ CELL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WORK FAX \_\_\_\_\_  
MOTHER \_\_\_\_\_ CELL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WORK FAX \_\_\_\_\_

EMERGENCY/INSURANCE INFORMATION:

PRIMARY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

EMERGENCY CONTACT(S) Other than the parent/guardian who could be called in the event of an extreme emergency when we CANNOT contact the parent(s)/guardian(s):

NAME \_\_\_\_\_ PHONE 1 \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE 2 \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE 1 \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE 2 \_\_\_\_\_

ANY OTHER INFORMATION YOU FEEL WE SHOULD HAVE ON HAND SHOULD YOUR CHILD BECOME ILL OR INJURED?  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE LIABILITY INFORMATION**

The basic coverage of Tucson Junior Strings is as follows:

1. \$1,000,000 bodily injury liability
2. \$2,000,000 aggregate

3. Medical costs are covered at 100% if the accident is a result of a TJS function and there is no other insurance in force.  
Coverage while in private or public transportation is not included, nor is coverage for damaged, lost or stolen property (instruments) inclusive.

Please review your own insurance policies for any other coverage you feel you require.

**I HAVE READ THE ABOVE STATEMENT REGARDING THE LIABILITY OF TUCSON JUNIOR STRINGS AND FULLY ACKNOWLEDGE  
AND ACCEPT THE TERMS AS SET FORTH.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_