

Puget Sound Youth Wind Ensemble Student Registration

Student & Parent Information

Name:	Birth Date:
Address	
Phone Number	E-mail
School	Instrument
Parent Name(s)	E-mail
Phone Number(s)	

Emergency Information

Emergency Contact Person Name	
Phone Number	Cell Phone
Doctor Name	Phone Number
Medical Concerns (medications, allergies, asthma, etc.)	
Medical Insurance Carrier	
In case of an emergency and parents, emergency contact, or doctor can not be reached, PSYWE is authorized to seek emergency help (911, paramedics or hospital) as needed.	

Post-Rehearsal Pick-up (if applicable)

Only the person(s) listed below has/have permission to pick up the above named student from rehearsals:	
Authorized person(s):	
Parent Signature	Date

****** I have read and accept the policies of the Student/Parent Handbook**

Parent Signature _____ Date: _____

Student Signature _____ Date: _____