



Session(s): September , 2025\_\_ January, 2026\_\_

**FIRST NOTES Strings Class, 2025-2026****Emergency Form**

Completed forms may be emailed to Marge Shasberger, mailed to the MIM Office (Music In The Mountains ATTN: Marge, 465 S. Auburn St., Grass Valley 95945) or brought to the FIRST Class rehearsal. **Contact:** Marge Shasberger [marges@musicinthemountains.org](mailto:marges@musicinthemountains.org) , 530-615-1634 (text only) if you have any questions.

**Musician Information:**

Please include your name as you would like it to appear on the concert program. Email is the primary form of contact for MIMYO, so please include any email addresses for which you would like to receive MIMYO information.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: (City, State &amp; Zip) \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Best Email(s) for contact: \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Emergency Contact Information:**

If a medical emergency or safety concern arises, MIMYO may need to contact a musician's parent, guardian, or other authorized caretaker. Please list at least two individuals below that will be available and reachable in the event of an emergency during MIMYO's regular rehearsal/class times.

**Contact 1:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Phone Number 2: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**Contact 2:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Phone Number 2: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

*In the event of a serious medical emergency, MIMYO policy shall be to first call the above contacts, then to call qualified emergency personnel to administer care onsite or to transport the musician to the nearest hospital.*

**MIM/MIMYO shall not be held responsible for any medical or transportation costs incurred due to emergency medical treatment.**

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I hereby authorize MIMYO to handle medical emergencies for my musician

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I do not authorize MIMYO :

*If you would prefer a different course of action to be taken in the event of a medical emergency, please detail those procedures below:*

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### **Consent to Photograph/Video Record Individuals:**

*MIMYO shall, from time-to-time, photograph or record portions of rehearsals and concerts for promotional Purposes. Photos/videos may appear online or in print. It is not possible to exclude individual performers from photos or videos of the entire group, but MIMYO can refrain from using photos or videos of individuals at their request. Please indicate your preference:*

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**Yes, MIMYO may use photos and videos of my musician, both individually and in a group.**

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**No, please refrain from using photos/videos of my individual musician.**

### **COVID Protocol Agreement**

*MIM will implement COVID Restrictions in accordance with the Center for the Arts, Nevada County and the MIM Organization protocols as needed on an on-going basis. Details will be provided to each participant at all times.*

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**All participants will adhere to mandated COVID protocols as provided by MIM.**