

! Please complete all pages and sign where indicated.
! These forms must be submitted no later than June 1, 2023.

ADDITIONAL BACKGROUND INFORMATION

Please provide the following information to help us best place you with a musical instructor. It will also assist in our design of tours and social activities.

Have you ever been to Armenia? Yes No

If yes, please indicate when and the reason for the visit:

Check the appropriate level of your knowledge of the Armenian language:

	None	Basic	Good	Fluent
Speaking				
Reading				
Writing				
Please select: Eastern		Western		

Check the appropriate level of your knowledge of the English language:

	None	Basic	Good	Fluent
Speaking				
Reading				
Writing				

How did you hear about the Musical Armenia Program? (Check all that apply).

AGBU Chapter AGBU Website/Email Armenian Newspapers Family/Friends Social

Media Other (please specify):

Are you alumni of an AGBU program? If so, indicate which one(s):

EMERGENCY CONTACT INFORMATION

Please provide the following information for two (2) emergency contacts:

1.

Last Name		First Name	
Street		Apartment #	
City	State/Province	Zip/Postal Code	Country
Email (no *.ru address)		Permanent Home Phone (include area/country code)	

2.

Last Name		First Name	
Street		Apartment #	
City	State/Province	Zip/Postal Code	Country
Email (no *.ru address)		Permanent Home Phone (include area/country code)	

PARTICIPANT CODE OF CONDUCT

It is our sincere goal to provide a safe and welcoming environment for all participants. As such, we expect all in the group to engage completely with our programming and respect the time of our instructors, staff and fellow participants. Please carefully review the following rules and regulations of the Program.

- Participants will engage in all classes and activities provided during the duration of the Musical Armenia Program, and follow the guidelines of program staff.
- Participants must treat housing property and roommates with care and respect.
- Participants should not make any plans that conflict with their participation in AGBU Musical Armenia Program and must commit to the full duration of the program, except in the case of an unforeseen emergency, of which they must notify the AGBU Musical Armenia Program Director immediately.
- Drug use of any kind is prohibited. Participants who break this rule are subject to immediate dismissal from the Program.
- Alcohol and tobacco of any kind are strictly prohibited in the residence buildings of the AGBU Vahe Karapetian Center. Participants who bring in such items are subject to dismissal from the Program.
- Visits during the Program are disruptive to the schedule and those not directly involved with the Program will not be permitted to accompany participants on their tours and lessons. Although we understand that parents, friends or relatives might want to join the participants in Armenia, we ask that all joint travel plans be made either prior to or following the Program in efforts to preserve the flow and integrity of the Program.
- Under NO circumstances can participants host overnight guests or spend the night elsewhere, regardless of their relation. Participants who break this rule will be subject to dismissal from the Program.

I, (print name) _____, have read the AGBU Musical Armenia Program rules and regulations listed above and agree to abide by them throughout the duration of the Program. I understand that these rules and guidelines are for the safety and the protection of the participants and staff. I further understand that if I choose to violate the rules and regulations set forth herein or engage in conduct that endangers the safety of my fellow participants, the Program Director will take appropriate steps to stop my actions or behavior. These steps may include a verbal warning and/or dismissal from the Program. In the event that I am dismissed due to a breach of regulations on my part, I understand that no full or partial reimbursement of the Participation, Housing or Application Fee will be granted to me and that I will not hold AGBU responsible for any additional expenses (e.g. additional travel arrangements, etc.) that may occur as a result of my early dismissal from the Program. I hereby release AGBU, its agents and employees from all liability, damages, causes of action, and the like during my participation in the AGBU Musical Armenia Program.

Signature of participant

Date

MEDICAL INFORMATION

GENERAL AND EMERGENCY CONTACT INFORMATION

Participant's Name:

Male

Female

Height

Weight

Physician's Contact Information:

Name

Address

City

State

Zip

Phone

Fax

MEDICAL INSURANCE INFORMATION

Include a photocopy of both sides of your insurance card.*

Insurance Company

Policy Number

Subscriber

Signature

Date

*All participants are required to have travel insurance during their participation in **AGBU Musical Armenia Program**.

MEDICAL HISTORY

If you answer “YES” to any of the following questions, you must complete and return the Physician’s Report at the end.

Please use an additional sheet of paper if you need more space.

MEDICAL TREATMENT

Are you currently under medical treatment? YES NO
Please list the treatment(s):

Do you have any ongoing or chronic medical condition (asthma, diabetes, etc.)? YES NO
Please identify the condition(s) and return the Physician’s Report form on the last page:

Have you had any diseases, surgical operations or significant injuries that could have an effect on your participation in this program? YES NO
If yes, please explain and return the Physician’s Report form on the last page:

MEDICATIONS

Are you currently taking any medications? YES NO

If yes, please list name, dosage, and the condition being treated with the medication:

Name of medication	Dosage	Condition being treated with the medication?

ALLERGIES

Please list any allergies to medication, food or other substances/conditions:

RESTRICTIONS

Do you have any conditions (including physical impairments or learning disabilities) that might restrict your mobility or require special facilities or assistance while abroad? YES NO

Is there anything else about your health or medical history that may be a factor should there be an emergency? YES NO

If yes, please explain:

AUTHORIZATION STATEMENT

I hereby authorize the *AGBU Musical Armenia Program* to release information from my medical history, including but not limited to medical records, to the relevant Program Director and to the cooperating or affiliated foreign institutions.

I understand that the *AGBU Musical Armenia Program* will not request any information from my medical records unless a situation arises while I am abroad that requires information pertinent to my safety or health. I further understand that any information obtained from my medical records that is held by the *AGBU Musical Armenia Program* will be destroyed upon the completion of my participation in the Program.

I understand that, if I have a medical condition that requires or has required treatment, I must discuss my plan to go abroad with my clinician prior to my departure.

I understand that in the event that I need emergency medical care, hospitalization or surgery while participating in the Program, AGBU will attempt to contact the emergency contact(s) listed on this form. In the case that my emergency contact(s) cannot be reached and an immediate decision about care or treatment needs to be made, I authorize the *AGBU Musical Armenia Program*, through its representatives, to secure any necessary treatment. If coverage is not provided through my insurance Program, I understand that such treatment shall be solely at my expense. I release, discharge, indemnify, covenant not to sue, and agree to hold harmless AGBU, its members, officers, agents and employees, from any liability which may result from authorizing any medical treatment and/or medication for me. I certify that all responses on this Medical Assessment and Release Form are true and accurate.

I certify that the information on this Medical Information Form is true and correct, and I will notify the *AGBU Musical Armenia Program* hereafter of any significant or relevant changes in my health that occur prior to or during the Program.

Participant's signature

Printed Name

Date

PHYSICIAN'S REPORT

This form is required ONLY if directed by responses earlier in the questionnaire.

(print participant's name) has identified a chronic and/or recurrent health issue. Please evaluate the physical and/or mental health of this participant, who intends to participate in a summer program in Yerevan. The availability of medical services in the country and areas within which the student will be living and traveling should be considered.

Diagnosis:

Medications and dosage:

Stability of condition over the past five (5) years:

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?

Recommendations for care of this individual (please use separate sheet, if necessary):

Physician's Signature

Date

Printed Name of Physician

Address:

City

State

Zip

Phone

Fax