

Masterworks Children's Chorus Summer Camp 2009
Emergency Information and Release Form

Participant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____ School: _____ Grade: _____

Health Insurance Co.: _____ Policy # _____

Family Physician & Phone: _____

Allergies: _____ Medications: _____

Special Conditions: _____

I agree to behave appropriately and cooperatively and not to bring inappropriate items to MCC Summer Camp.

Participant Signature _____ **Date** _____

I/we hereby give my/our consent, as the parent(s)/guardian(s) of the participant named above, for his/her involvement in the Masterworks Children's Chorus Summer Camp at Southwestern Illinois College in Belleville on August 10-14, 2009 from 9am-3pm daily.

With the understanding that all possible caution will be taken by those persons in charge to prevent injuries, I/we release the staff, volunteers, and Masterworks Chorale, Inc. from any and all liability arising from this activity. In the event I/we cannot be reached, I/we hereby authorize an adult representative of Masterworks Chorale, Inc. to seek and consent to any emergency medical treatment for the above named participant which may be deemed necessary, including permission to transport the participant to a hospital emergency room. I/we wish to be advised prior to any further treatment by the hospital or medical professional. It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the participant due to any illness or injury sustained during the above described activity. I/we further understand and agree that I/we assume full responsibility for any loss or damage to property, or for bodily injury to others, caused by the above named participant, whether by accident or intent. I/we also understand that if the behavior of this participant becomes inappropriate, I/we will be responsible for *immediate transportation home*.

I/we have read the above form; I/we fully understand and consent to its terms.

Parent/Guardian Name(s) printed _____

Parent/Guardian Signature(s) _____

Date: _____

Phone number(s) during camp hours: _____

PLEASE RETURN THIS FORM AT REGISTRATION