

**MASTERWORKS CHILDREN'S CHORUS  
SUMMER MUSIC CAMP 2023  
Emergency Information and Release Form**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of covered member: \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or adverse reactions to medications or food: \_\_\_\_\_

Medications: \_\_\_\_\_

Special conditions: \_\_\_\_\_

Immunizations up-to-date: \_\_\_\_\_ Yes \_\_\_\_\_ No Date of last Tetanus shot: \_\_\_\_\_

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 programs for the 2022-2023 season. I/We understand that this includes, but is not limited to, music camps, rehearsals, concerts, and musical performances.

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 participation in these activities.

In the event that 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 activities.

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:** \_\_\_\_\_

**Home Phone** with area code: \_\_\_\_\_

**Cell Phone** with area code: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION. THANK YOU!**