Everett Youth Symphony Orchestras

PERMISSION, RELEASE & AGREEMENT FORM –Prelude/Intermezzo Retreat, Nov 11, 2011

Intermezzo: 9am to 12 Prelude: 10am to 12 Followed by Optional Pizza and Roller Skating

Participant's Name _____

ORCHESTRA: Circle one: **Prelude** **Intermezzo**

Parent's Name_____

ATTENDANCE: This retreat is considered a required rehearsal, on the Veterans Day holiday, (Nov. 11)
*A request for waiver must be approved by the Director in advance.

RETREAT LOCATION: Prince of Peace Lutheran Church, 9320 Meadow Way, Everett, WA

POST RETREAT ACTIVITIES: **Pizza party at Alfy's Pizza, 9620 19th Ave SE**
followed by Roller Skating at Skate Deck 9700 19th Ave SE, Everett, WA

Parents are responsible for transporting their musicians from the Prince of Peace to Alfy's and Skate Deck

Total number of family members (including musician) who will eat at Alfy's: _____

MEDICAL INFORMATION:
Doctor's Name_____ Telephone Number_____

Clinic or Hospital_____ Insurance Company_____

Member Number_____ Group Number_____

Medical Condition: List any medical condition, such as asthma, allergies, etc, that might impact this person's ability to participate in any of the activities during this retreat.

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PARENTAL PERMISSION AND RELEASE:
In consideration of the benefits to be derived, and in view of the fact that the Everett Youth Symphony is an educational organization, participation in the programs of which are voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of myself or my child during this activity, I hereby agree to my or his/her participation in this activity and waive all claims against the leaders of this activity and the officers, agents, and representatives of the Everett Youth Symphony Organization. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. If I cannot be reached, I give my permission for my child to be treated in a hospital or clinic.

Parent Signature_____**Date**_____

Parent Name (Please Print) _____

Phone Numbers: _____ or_____

Retreat Conduct Guidelines: Musicians are expected to participate in all retreat activities, respect the facilities & fellow musicians, cooperate with chaperones & directors and follow retreat rules. Musicians not following rules may be asked to return home.

Musician's Signature: _____