

Everett Youth Symphony Orchestras

PERMISSION, RELEASE & AGREEMENT FORM – Warm Beach Retreat, Nov 10-11, 2011

* Please complete both sides of the form.

Participant's Name _____

ORCHESTRA: Circle one: Youth Junior

Parent's Name _____

BUS STOP: Circle one: Kamiak Marysville

Attendance: This retreat is considered a required rehearsal, on the Veterans Day holiday, Nov. 10 & 11.

* A request for waiver must be approved by the Director in advance.

Food Preferences: If you would like Vegetarian meals during the retreat, please circle: YES

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 activities during this retreat.

Medications: Students are not to bring any medication unless absolutely necessary. All medication must be in its original container, and be listed on this form prior to the trip Please list name and dose of medications your student must take during this activity. Contact the Retreat Coordinator if your student has exceptional medical needs that you need to identify. Please note that students will be responsible for the safe control and use their medications.

Our Photographic Policy: EYSO may occasionally photograph, film or record members at its activities and these materials may be used for publicity, promotional, instructional or related activities. Most photos of youth will lack identifying names out of respect for the privacy of our members. An exception will be for concerto winners or other newsworthy events for which EYSO may also issue a press release.

(Continued on reverse.)

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 is 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 & fellowcampers, cooperate with chaperones & directors and follow camp rules. Musicians not following rules may be asked to return home.

Musician's Signature: _____