

Everett Youth Symphony Orchestras

PERMISSION, RELEASE & AGREEMENT FORM – Fri., Nov 11, 2016

Location: Mukilteo Presbyterian Church

(If you have more than one musician in EYSO, please fill out a form for each participant.)

Participant's Name _____

Parent's Name _____ Emergency Phone _____

FOOD PREFERENCES: If your participant requires a vegetarian or gluten-free meal, please indicate:
YES-Vegetarian or Yes-Gluten-free

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, food restrictions, etc, that might impact this person's ability to participate in any of the 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 retreat. **Please note that students will be responsible for the safe control and use their medications.** 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.

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 musicians 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.

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 EYSO 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 & fellow participants, and cooperate with chaperones & directors. Musicians not following rules may be asked to return home.

Musician's Signature: _____