

Apple Hill Center for Chamber Music Emergency Contact/Release Form 2012

PARTICIPANT (Please print)

Name: _____ Session(s): I II III IV V
Last First M.I. (CIRCLE)

Home Phone: _____ Cell phone: _____

Name of Parent or Guardian(s): _____ Email: _____

EMERGENCY CONTACT (Please print)

In case of emergency notify: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: Home: _____ Cell: _____

Work: _____ Other: _____

Relation: _____ Email: _____

INSURANCE INFORMATION (Please print)

I currently do NOT have medical insurance.

I currently have medical insurance:

Medical Insurance Company Name: _____

Address of Company: _____
Street City State Zip

Phone: _____

Policy Number: _____ Group Number: _____

Name of Principal (family member) Insured: _____

Family Doctor: _____
Last First M.I.

Address: _____
Street City State Zip

Family Doctor Phone: 1. _____ 2. _____

I authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

OR

I do **not** authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

I permit my child to be administered over-the-counter medication by an Apple Hill staff member if needed and requested by my child (exceptions listed below).

OR

I do **not** permit my child to be administered any over-the-counter medication by an Apple Hill staff member.

I give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

OR

I do **not** give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

I have read, understood, and agree to abide by the policies of the Apple Hill Summer Chamber Music Workshop as presented in the Handbook.

(See http://www.applehill.org/pdf/summer_workshop/Apple_Hill_Handbook_of_Policies.pdf.)

Participant signature: _____ **Date:** ____ - ____ - ____
(All participants please sign.)

Parent or guardian signature: _____ **Date:** ____ - ____ - ____
(If participant is under 18)