

PERMISSION FORM FOR SUMMMER MUSIC CAMP

Greetings dear Brothers and Sisters in Jesus Christ!!! Please except our invitation to our Summer Music Camp. We will be honored to Worship our God Lord together during Camp and at a final Church service on Sunday: Glorify His Mighty Name. May God be with you.

I/We, the parents/guardians of the musician named below, understand that there will be a **Summer Music Day Camp 8:00 am to 10:00 pm**, that will be located at: **Salvation SBC 10622 8th St E, Edgewood, WA 98372, USA August 19th – August 21st**. And final performance will be on **August 22nd**.

PERMISSION

We are in accord with the purposes of and procedures governing the Summer Music Camp. We hereby grant permission for our son/daughter to participate. In the event of any injury requiring medical attention, I hereby grant permission to the supervising to the nurse in camp or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the staff and (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs during Summer Music Camp and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise at or during Summer Music Camp, or otherwise, such situations or problems are not reasonably within the control of the supervising volunteers. In case of any emergency's church or church representatives will not be held responsible and will not be subject to lawsuit.

In the event that a musician must returned back to home independently for reasons of **health, accident, failure to conform and comply with policies and simple safety or behavior guidelines**. We agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the Summer Music Camp Member and parent(s) understand and agree to the guidelines. This form to must be filled out by **all musical band members**, parents or guardian signature required if under 18 years of age.

PUBLICITY RELEASE

I give Summer Music Camp permission to audio, video, and photography of this registering camper for the purposes of Summer Music Camp promotions without compensation or approval rights (i.e. brochure mailings, highlight promotional videos, and photos for our website).

CAMPER'S HEALTH INFORMATION AND CONSENT FORM

Camper's full name _____

Parent/Guardian _____

Phone Work/Cell _____

Emergency Contact (relation) _____

Phone Work Cell _____

Camper's Current Physician _____

Phone _____

Health Insurance Co. _____

DOB: ____ / ____ / _____

Policy No. _____

Name of member _____

Has your child been exposed to any communicable disease in the past 6 months? **Yes No** (If yes, please specify)

To the best of my knowledge, this child is healthy and fit Summer Music Camp. **Yes No**

Date of last Tetanus Shot (____ / ____ / _____)

Are immunizations current? **Yes No Waived**

Previous hospitalizations/surgeries:

Limitations of activities by physician's advice (i.e. swimming, hiking, etc.) _____

The camper is currently experiencing or has recently had problems with:

Allergies:

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect/bee stings
- _____ Penicillin
- _____ Asthma
- _____ Other (Please specify)

Other:

- _____ Frequent Ear Infection
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Restricted Diet (please be specific in order to help our kitchen staff)

Neuro/Psychological:

- _____ ADD/ADHD
- _____ Epilepsy
- _____ Concussion
- _____ Counseling

- _____ Exposure to Sun
 - _____ Sleep Walking
 - _____ Other (Please specify)
- _____

Medications:

Type of Medication _____

How to Administer _____

Purpose of Medication _____

Other comments _____

Please note that the medication must be in original container with the label still intact.

Musical Director Name:

Signature:

PLEASE PROVIDE COPY OF:

1. Medical Insurance Card
2. Copy of Identification Card
3. Medication Authorization Form if needed.

The following Items shall be taken with you

1. Bible
2. Musical instrument and sheet music
3. Sneakers or sport foot-wear
4. Spare change of clothing and swimwear for sports and free time.
5. Towel
6. **Church clothing. (You must have appropriate church clothing for each evening service and performance on Sunday)**

Evening Service Attire:

Men / Boys

- a. Shirt or T-shirt (no obscene or large logos or pictures)
- b. Pants or jeans
- c. Shoes

Women / Girls

- a. Blouse/Shirt with sleeves and knee-length or longer skirt
- b. Dress with sleeves covering the knees or longer
- c. Shoes

Sunday Attire:

Men / Boys

- d. White Shirt, (Plain White)
- e. Black Church Pants (no jeans)
- f. Black church shoes (sneakers, or sport shoes will not be permitted during Sunday church service.)

Women / Girls

- d. White Blouse, (Plain White, closed shoulder sleeves)
- e. Black long concert skirts (girls with short skirts, not covering the knees will not be permitted to participate in Sunday Service)

Band Conductors shall bring their black suits, black tie and white shirt for Sunday service