



EMERGENCY AND MEDICAL INFORMATION

Name: _____

Home Phone: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name: (Print) _____

Phone # where parent can be reached during Music Camp: _____

Relatives or friends authorized to act in behalf of my child in case of emergency and I cannot be reached.

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Family Physician: _____

Phone #: _____

List any allergies, medical concerns or special needs your child has: _____

In the event of an emergency, I hereby give permission to the CCC staff to request emergency services for my child, which may include transportation to a medical facility, and in the event that none of the contacts listed above can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to my child.

Parent/Guardian signature: _____

Photo/Video/Audio Release

Participants in CCC Summer Music Camp are sometimes photographed and or videotaped for use in CCC promotional and educational materials. I authorize CCC to record and photograph the image and/or voice of my child for use by CCC or its assignees in educational or promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Parent/Guardian signature: _____