

## **Far Western District Youth Harmony Camp 2018 - Release Form**

This form must be filled out and signed by the parent or guardian of every minor who plans to attend the Far Western District Youth Harmony Camp. Completed Release Form and Registration must be received by Harmony Camp Registrar, Patsy Miller, prior to Camp.

**This information will be held in strict confidence for use only in the event of a medical emergency.**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone Numbers to reach parent or guardian:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

You will be notified should any medical action be necessary.

Family Physician \_\_\_\_\_ Phone(s) \_\_\_\_\_

Health Insurance Company that insures family and above named.

Company \_\_\_\_\_ Group ID or Policy No. \_\_\_\_\_

Additional Medical Information: Allergic to: \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Medications brought to Camp are closely monitored.

Current Physical Restrictions: \_\_\_\_\_

Other Information We Should Know: \_\_\_\_\_

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### **PARENT PERMISSION: EMERGENCY MEDICAL AND WAIVER OF CLAIMS**

I hereby request that \_\_\_\_\_ be permitted to participate in the  
(Name of Camper)

Far Western District's Youth Harmony Camp located in Pollock Pines, Ca. and occurs September 21-23, 2018.

My son is in good physical condition. If he were to become ill or injured during the Youth Harmony Camp he may receive the necessary medical attention by a duly licensed physician and be admitted to a hospital in case of emergency.

I will NOT hold the Far Western District, its officers or members liable for medical aid rendered and will reimburse the Far Western District for medical or other expenses incurred in his care. This authorization remains effective only for the event and time period specified above. I am the parent/guardian and hereby waive all claims against the Far Western District of the Barbershop Harmony Society, Inc. for injury, accident, illness, or death occurred during or by reason of this Youth Harmony Camp.

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(Signature of Parent/Guardian)

(Date)

### **Photo Release Form for Minors (if under 18)**

The Far Western District of the Barbershop Harmony Society has my permission to use my child's photograph publicly to promote the FWD Harmony Camp. I understand that the images may be used in print publications, online publications, presentations, and websites. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

This Release Form is valid for the FWD Harmony Camp that will be held at the Sly Park Educational Center September 21-23, 2018.

Parent/Guardian's Name: \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian's signature: \_\_\_\_\_