

# Viola Camp Permission Form

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Parent's phone number(s) \_\_\_\_\_

Parent's e mail(s) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## Permission and Medical Treatment Waiver

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend Idaho Viola Camp and to be treated for a medical emergency in my absence while participating in Viola Camp activities.

Jennifer Drake or any assistant at Idaho Viola Camp may act as an agent in my absence. In case of accident, I do not hold Idaho Viola Camp or any of its staff responsible.

**In case of emergency, if I am not available at the above address and phone, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

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## STUDENT AGREEMENT:

I understand that I am attending Idaho Viola Camp. I agree to follow any and all rules and participate to the best of my ability in all camp activities. I also understand that any violation of rules will result in my immediate expulsion from Viola Camp and that I will be sent home at cost to my parents/guardians

Student signature \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_