

**PARENTAL APPROVAL, MEDICAL RELEASE &
RULES ACCEPTANCE FORM**

PLEASE COMPLETE BOTH SECTIONS of this form and bring it with you to camp registration. Each student enrolled in this program must have this form on file at the Oregon Summer Music Camps office.

Please Print

Name of son/daughter attending OSMC: _____

Child's Date of Birth: _____ Home Address: _____

Male

Female

Home Phone: () _____ Work Phone: () _____

Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____

Special medical problems: _____

Taking any medications? If so, please list ALL: _____

Parental Approval: I encourage my child to participate in OSMC. I certify that there are no health-related reasons or problems that preclude or restrict my child's participation in the Activity. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

Furthermore, I agree that OSMC has permission to use any photographs taken during camp in future advertising. I also agree to support all camp rules and regulations.

Parent/Guardian Signature: _____ DATE

Rule Acceptance Statement: I, (*Camper*) _____, understand the rules set forth by the University and by the staff of the Oregon Summer Music Camps. I understand that violation of these rules can result in disciplinary action which usually includes dismissal from the Oregon Summer Music Camps and terminates residence in the dormitory.

Camper's Signature: _____ DATE