

# Palm Beach County Band Camp Medical Release

Required, Print and Bring on 1st Day of Camp

Camper Name:

*Last*

*First*

*Mid I.*

Address:

*City*

*State*

*Zip*

Home Phone:

Birthday:

Mothers Name:

Father's Name:

Mothers Work:

Fathers Work:

Mothers Cell:

Fathers Cell

Campers Physician:

Physicians Phone:

Insurance Company:

Name of Insured:

Has the Camper had a tetanus shot within the past 6 years? Yes      No

List any health problems, allergies, medications or medical conditions:

Emergency Contact Person:

Relation to Camper:

Cell Phone:

Home Phone:

Work Phone:

RELEASE OF LIABILITY - As the parent or guardian of \_\_\_\_\_  
I give my permission for my child to participate in all activities of the Palm Beach County Band Camp, Inc. ("PBCBC"). I understand that PBCBC does not provide transportation to and from such activities, and that I will be responsible for providing the necessary transportation for my child. I also understand that PBCBC cannot be responsible for the musical instruments and other personal property my child brings to rehearsals performances, or other activities, and that PBCBC will not be responsible for loss, theft, or damage to such articles. At times, the rehearsals and performances of PBCBC may be audio or videotaped or still photographs may be taken. I hereby authorize PBCBC, in its sole discretion, to reproduce, copy, exhibit, broadcast or distribute such tapes or photos. In consideration for my child participating in PBCBC, which I acknowledge is an educational activity for my child, I waive for myself, my family and my child any claim against PBCBC, the School Board of Palm Beach County, Dreyfoos School of the Arts ("DSOA"), the PBCBC sponsors and release and agree to hold harmless the PBCBC, PBC School Board, DSOA, and PBCBC sponsors from any claim, damages or demand hereafter relating to my child's participation. I have authority to execute this document.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Signature