



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 Summer Music Camp office.

Please Print
 Camper Name: _____ DOB: _____ Male Female
 Parent(s) Name: _____
 Home Address: _____
 Parent Home Phone: () _____ Parent Cell Phone: () _____
 Parent Work Phone: () _____ Other: () _____
 Insurance Company: _____ Policy #: _____
 Name of Policy Holder: _____
 Allergies (food and medical): _____
 Special medical problems: _____

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

Parental Approval: I encourage my child to participate in the Summer Music Camps at University of Oregon. 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 the Summer Music Camps has permission to use any photographs or video 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 of Oregon and by the staff of the Summer Music Camps in the document "Rules and Regulations." I understand that violation of these rules can result in disciplinary action, which usually includes dismissal from the Summer Music Camps at the University of Oregon and terminates residence in the dormitory.

Camper's Signature: _____ DATE _____