



# 2018 Choir Camp Waiver Information Form

## Department of Music

Station 16 | 1500 S Ave K | Portales, NM 88130 | Phone: 575.562.2377

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_

Camper's birthdate: \_\_\_\_\_ Grade (2017-2018): \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Guardian's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's/Guardian's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical limitations or health factors: \_\_\_\_\_

Medications your son/daughter is taking: \_\_\_\_\_

I hereby grant permission for my child to participate in all of the activities of the ENMU Choir Camp, (June 10-14, 2018). My son/daughter is physically able to participate in all aspects of the activities (except for those listed above).

I understand photos of my child may be taken in the course of normal camp activities and may be used for promotional materials for future camps.

I hereby release the University and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my son/daughter or their personal belongings and will make no claim as a result thereof. I hereby give permission for my son/daughter to be medically treated, as deemed necessary by the staff involved in the ENMU Choir Camp.

I hereby authorize any licensed medical person or facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

