

# Idaho Orchestra Institute Permission Form

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

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

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

Parent's name(s): (if under 18) \_\_\_\_\_

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

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

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

## Permission and Medical Treatment Waiver

(Over 18, fill out with your name)

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend Idaho Orchestra Institute and to be treated for a medical emergency in my absence while participating in Idaho Orchestra Institute activities. Emily White or any assistant at Idaho Orchestra Institute may act as an agent in my absence. In case of accident, I do not hold Idaho Orchestra Institute, Sawtooth 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: \_\_\_\_\_

## STUDENT AGREEMENT:

I understand that I am attending Idaho Orchestra Institute. 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 Idaho Orchestra Institute and that I will be sent home at cost to my parents/guardians

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

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