Hickory Choral Society Children's Choral Camp
Photo Release Form

The Hickory Choral Society will take photographs for archival and publicity purposes. I hereby grant the Hickory Choral Society permission to use the likeness of my child, _____, in any or all of its publications, including websites. (We will not publish your child's first or last name, address, phone numbers, or other information protected by federal regulations.)

I understand that any and all of these likenesses will become property of the Hickory Choral Society. I hereby authorize the Hickory Choral Society to exhibit or publish any likenesses for purposes of publicizing any or all Camp activities or any other lawful purpose.

I hereby release the Hickory Choral Society, its governing body, employees, and representatives from any responsibility from all claims, demands, and causes of action that I, my heirs, representatives, executors, or any other person or persons acting on my behalf or behalf of my estate have or may have by reason of this authorization.

I have read and understand the above:

_____
Printed Name of Parent/Guardian

_____
Signature

_____
Date

Hickory Choral Society Children's Choral Camp
Medical/Consent Form

Camper Information:

First/Last Name: _____ **Birth Date:** _____

Emergency Contact/Relation: _____ **Number:**_____

Emergency Contact/Relation: _____ **Number:** _____

Physicians:

Primary Care Physician: _____ **Number:**_____

Eye Doctor: _____ **Number:** _____

Dentist:_____**Number:**_____

Other:_____**Number:** _____

Insurance Information:

Health Insurance:_____**Number:** _____

Group/Plan Number: _____

Medical Information:

Please list any information regarding your child's current medical condition that you feel should be disclosed for this camp.

_____

_____

_____

List any Allergies (Food, Medications, etc.)

_____

_____

_____

Consent for Emergency Medical Care:

If emergency medical care becomes necessary, I give permission for my child to receive such treatment as required by the attending physician.

Parent Signature_____**Date** _____