

**Permission Slip/Release of Liability/Medical Information**

**Event:** Marin Girls Chorus Fall Retreat **Date:** October 13, 14 & 15, 2017

Please check all that apply:

\_\_\_ MGC Singer - \$170    Name: \_\_\_\_\_ Vegetarian? Yes or No (circle one)

\_\_\_ Parent Chaperone - \$100    Name: \_\_\_\_\_ Vegetarian? Yes or No (circle one)

\_\_\_ Attached is my check for \$\_\_\_\_\_, payable to MGC    \_\_\_ I will pay online via website

**RELEASE OF LIABILITY**

*As the parent or legal guardian, I hereby give my permission for my child/ren noted below to participate in the Marin Girls Chorus Fall Retreat, Oct 13, 14, 15, 2017, and accept all risks associated with my child/ren's participation. I agree, on behalf of myself and my children, to release Marin Girls Chorus and its directors, employees, independent contractors, volunteers, officers and affiliates, and Point Bonita/YMCA, from all liability in the event of any accident, loss or injury. I authorize MGC staff and chaperones to seek medical attention for my child and give permission for my child to receive emergency medical care if needed. If my child receives emergency medical attention, I expect to cover my child's health care costs and related expenses. I understand that, should medical help be needed for my child, every attempt will be made to contact me as soon as possible.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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In case of emergency, I can be reached at:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

If I cannot be reached, below are alternative emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS: \_\_\_\_\_

MY CHILD TAKES THE FOLLOWING MEDICATIONS: \_\_\_\_\_

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PHYSICIAN'S TELEPHONE: \_\_\_\_\_