

# La Quinta High School Friends of Music (FOM) 2016 Summer Camps Medical Release & Permission Form

Please fill out the following information for the La Quinta High School Friends of Music (FOM) 2016 Summer Camps  
(Weapons, Drumline, Winds/Visual, Dance Intensive, Color Guard, and Marching Band)

**This permission form must be filled out as completely as possible and signed in order for your child to participate in any of the 2016 Summer Camps.**

**This form goes into effect immediately and expires September 1, 2016.**

Name: \_\_\_\_\_ Age: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle  
(Circle one)  
Male Female E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### Emergency Contact

Name: (Not Parent) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

#### Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.**

#### Allergies, please describe:

Food: \_\_\_\_\_ Medications: \_\_\_\_\_

Plants: \_\_\_\_\_ Insects: \_\_\_\_\_

Other: \_\_\_\_\_

**Any conditions requiring medication?** (Circle one) No Yes

If yes, please describe: \_\_\_\_\_

**La Quinta High School Friends of Music (FOM)  
2015 Summer Camps  
Medical Release & Permission Form**

**Any Physical Limitations?** (Circle one) No Yes

If yes, please describe: \_\_\_\_\_

**Are you under a physicians care for these ailments?** (Circle one) No Yes

**Do you wear?** Glasses          Contact Lenses          Neither          Other \_\_\_\_\_

**Please list and explain any major illnesses you experienced last year:**

\_\_\_\_\_

Activities may include, but are not limited to: marching, dancing, spinning/throwing equipment (rifle, saber, flag, etc.), running, and physical conditioning/training.

**Should your activities be restricted for any reason? Please explain or please submit your reasons in writing to the Director prior to that event:** \_\_\_\_\_

\_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby authorize Mr. Richie Sebastian, Director in charge of 2016 Summer Camps, and the La Quinta High School Marching Band Staff, into care the above minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of this best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

In the event of injury or illness to my child/ward, I agree that my health care insurer and I shall be financially responsible for any medical treatment required by child/ward as a result of any injury or illness suffered during his/her participation in any Summer Camp related activities.

I have considered the risks of being attending the 2016 Summer Camps and I am aware of the hazards involved in such activity during the summer. I have considered these risks and I still wish for my child to participate. I agree not to bring legal action against Mr. Richie Sebastian and/or his staff or sponsors as a result of any injury suffered in the course of my child's/ward's participation. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. On behalf of myself and my child/ward, I shall indemnify, hold free and harmless, assume liability for, and defend La Quinta High School Friends of Music (FOM) 2016 Summer Camps from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court cost, and all other sums, which Mr. Richie Sebastian and employees may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of my child's/ward's use of real or personal property belonging to Mr. Richie Sebastian and his employees, or by any reason of my child's/ward's participation in any 2016 Summer Camp activity.

**I give my permission for pictures/videos to be taken of myself at 2016 Summer Camps that may be used and/or posted on the La Quinta High School websites (or related).**

By signing below, I state that I have read, understand, and agree to the terms of this agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member Signature:  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please submit a copy of the current health insurance policy/card and attach it to this form.***