

<p>ADMIN USE: Check all that apply.</p> <p>CEC CFM CMT</p>



Summer Camp Waiver

Camper Information		
Name of Camp(s)		
Camper's Name	Date of Birth	Most Recent Grade Completed
Home Address	City	State Zip Code
Home Phone	Cell Phone	
Parent/Guardian Information		
Parent/Guardian 1 Name	Home Phone <input type="checkbox"/> Same as child's	Cell Phone <input type="checkbox"/> Same as child's
Parent/Guardian 1 Email Address		
Parent/Guardian 2 Name	Home Phone <input type="checkbox"/> Same as child's	Cell Phone <input type="checkbox"/> Same as child's
Parent/Guardian 2 Email Address		
Emergency Contact Information		
<p>Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</p>		
Contact 1	Relationship	Phone
Contact 2	Relationship	Phone
Authorized Pickup Information (if different from parent/guardian listed above)		
Name 1	Relationship	Phone
Name 2	Relationship	Phone
Camp Waivers (signature required below)		
<p>Late Pick-up: I understand that if I (or my authorized pickup) am/is are late picking up my camper from dismissal, I will be billed a late fee of \$1.00 per minute from the time of dismissal (e.g., a 3:50pm pick up for a 3:30pm camp will result in a \$20 late fee).</p> <p>Safety/Behavior Agreement: I, on behalf of my minor child, agree to follow the rules of The Music Settlement and its staff during their participation in camp. I understand that for children exhibiting behaviors that may cause harm to themselves or others, an individualized, signed safety plan may be developed in order to develop contingencies and minimize recurrence of such behavior. I further understand that my child may be asked to leave the program without refund. Instances of sexual harassment and/or possessing weapons or illegal substances will result in immediate dismissal without refund.</p> <p>Photo/Video Release: Includes images and videos for social media, printed collateral and The Music Settlement website. No names will be shared. I consent to my child's inclusion in photos and videos. I do not consent to my child's inclusion in photos and videos.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>		

Camper's Name

Learning Style

Learning Style List any information about your child that would be helpful for our staff to know (e.g., preferences, behavior needs, social).

Allergies and Special Health or Medical Conditions

Allergies: (If yes, please list and explain.)

Medications Being Taken: (If yes, please list and explain.)

Wears Glasses?	Yes	No	Wears Contacts?	Yes	No	Uses an Inhaler?	Yes	No
Uses Hearing Aid?	Yes	No	Mobility?	Yes	No	Other	_____	
Has an EpiPen for Allergic Reactions?	Yes	No	Has Seizures?	Yes	No			

Emergency Transportation Authorization

<u>Give Permission to Transport</u>	OR	<u>Do Not Give Permission to Transport</u>				
The Music Settlement has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	OR	The Music Settlement does not have permission to secure emergency transportation for my child in the event of an illness or injury requiring emergency treatment. I wish for the following action to be taken:				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Signature of Parent/Guardian:</td> <td style="width: 30%; border-bottom: 1px solid black;">Date:</td> </tr> </table>	Signature of Parent/Guardian:	Date:	Do not sign both.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Signature of Parent/Guardian:</td> <td style="width: 30%; border-bottom: 1px solid black;">Date:</td> </tr> </table>	Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:					
Signature of Parent/Guardian:	Date:					

Packet continues on page 3 with Accident Waiver and Release of Liability Form.

Please return your completed packet (three pages) to:

The Music Settlement
 Attn: Enrollment and Customer Service
 11125 Magnolia Drive
 Cleveland, OH 44106
 ECS@TheMusicSettlement.org

Packets must be received no later than seven (7) days prior to the start of camp.

