

**North Sound Youth Symphony
Emergency Care - Hold Harmless - Regulations**

This form must be completed and signed by the student and his/her parent/guardian.

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Emergency Care Authorization

In the event of the student's medical, dental or other health emergency, I authorize North Sound Youth Symphony staff, by my signature below, to secure and consent to appropriate treatment for the student, which may include securing a licensed health care professional to give injections, administer anesthesia, perform surgery or any other procedure which in his/her opinion is reasonably necessary. I agree to take responsibility for costs incurred in any such treatment. If the student has any condition that you as a parent/guardian feel North Sound Youth Symphony should be aware of, please provide that information in a separate letter (form provided).

Hold Harmless Agreement

As parent/guardian of the above-named student participating in North Sound Youth Symphony, I understand that North Sound Youth Symphony does not provide any a) health insurance related to illness or injury to the student or b) property insurance related to damage to the student's personal property. I agree to release and hold harmless North Sound Youth Symphony from any and all responsibility or liability for any injuries to the student or damage to the student's or my property not directly caused by the negligence of North Sound Youth Symphony, its officers, agents or employees.

I have read and understand the Emergency Care and Hold Harmless agreements.

Parent/Guardian Signature: _____ Date: _____

Rules and Responsibility

As the student participant, I agree to follow all program rules while attending North Sound Youth Symphony rehearsals and concerts. I understand North Sound Youth Symphony is not responsible for lost or stolen articles. I understand that I am to be present in rehearsal at all times unless I have notified a conductor or parent volunteer of my whereabouts. I understand the possession or use of fireworks, weapons, alcoholic beverages, tobacco or illegal substances is grounds for immediate expulsion and possible criminal prosecution. I acknowledge that constant disruptive behavior may result in immediate dismissal. I acknowledge that if I am dismissed or expelled from the program, program fees will not be refunded.

Student Signature: _____ Date: _____

Acknowledgement of Parent/Guardian:

Parent/Guardian Signature: _____ Date: _____

Name of person to call in the event of dismissal, expulsion, injury or illness:

Phone number _____ (Note: This person should be the Parent/Guardian, or someone authorized by the Parent/Guardian, and must be available to pick up student immediately upon notice)