



CHILD'S INFORMATION AND PARENTAL AGREEMENT

Activities: Participation in North Sound Youth Symphony activities through Western's Music Department for the 2011-12 Season.

Child's Name _____ DOB _____

Address _____

Phone: Home _____ Other _____

Emergency Contact Name _____ Relationship _____

Phone: Home _____ Other _____

Physician's Name _____ Phone _____

Medical Insurance Information Company Name _____

Policy Holder Name _____ Policy Number _____

Western recommends that your child is covered by a comprehensive medical insurance plan. Please write "None" if your child is uninsured.

Parental Agreement - PLEASE READ

I hereby acknowledge that I have voluntarily chosen to allow my child to participate in the activities described above. I recognize that the activities may involve risks of injury to my child and damage or loss to my child's property. To the extent permitted by law, I agree to accept any and all risks associated with the activities, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, illness and death.

My child agrees to abide by all rules and regulations while attending the activities and will comply with all North Sound Youth Symphony and Western Washington University faculty and staff instructions. My child understands that violation of the rules and regulations or instructions is grounds for immediate dismissal from the activities.

I acknowledge that Western's Children on Campus Policy is available online at www.wvu.edu/policies. I understand the policy states that parents and guardians are responsible and liable for any and all injuries or damages sustained to or by their child while on the university campus or field trips, unless caused by the sole negligence of the university, its officers, agents or employees.

I understand and acknowledge that a medical emergency may develop which necessitates the administration of emergency first aid, medical care, dental care, hospitalization or surgery. Therefore, if I am unable to be contacted in event of such emergency, I hereby authorize Western Washington University, its authorized employee(s), representative(s) or agent(s), to arrange or provide any necessary emergency medical treatment including the administration of anesthetics and surgery.

I have read and understand this agreement.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian

Date