



HEART OF THE VALLEY CHILDREN'S CHOIR

260 SW Madison Ave, Suite 101, Corvallis, OR 97333
http://www.HVCChoir.com
Enriching children's lives with music

**CHILDREN'S CHOIRS
APRIL 9—10, 2010
CAMP TADMOR**

RETREAT RELEASE

Name: _____ Birth Date: _____ Age: _____

Parent / guardian: _____

Address: _____

Home phone: _____ Cell phone (s): _____

EMERGENCY CONTACT: IF Parent/guardian is NOT AVAILABLE (Must be reachable at all times while child is at retreat.)

Name	Address	Phone (s)

HEALTH HISTORY: Date of last tetanus vaccination: _____

Family physician: _____ Phone: _____

Dentist / Orthodontist: _____ Phone: _____

Allergies: _____

Instructions: _____

Medications: _____

Instructions: _____

Chronic or recurring illness: _____

Instructions: _____

Which of the following may be dispensed if necessary? Tylenol Ibuprofen Benadryl None

INSURANCE INFORMATION

Insurance company: _____

Group name: _____ Group number: _____

Name of insured: _____

I have read and understood the nature of this choir retreat. I have noted any medical or physical conditions which might affect my child's participation in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat. This health history is correct so far as I know, and the person herein described has my permission to engage in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat activities.

I waive all claims, whether on behalf of my child / ward / me, or my child's other parent, and absolve the HEART OF THE VALLEY CHILDREN'S CHOIR and its employees and volunteers from any and all responsibility in the event of accident or injury to the child while he or she is involved in any of the activities as a HEART OF THE VALLEY CHILDREN'S CHOIR retreat participant or while traveling to and from our destination.

I give my child permission to participate in the HEART OF THE VALLEY CHILDREN'S CHOIR overnight retreat mentioned above and to participate in the HEART OF THE VALLEY CHILDREN'S CHOIR retreat activities. I hereby give my permission for my child to receive emergency medical or surgical treatment and to be hospitalized, if necessary. It is understood that every attempt will be made to contact me or the Emergency Contact person(s) named above before taking action.

SIGNATURE OF PARENT / GUARDIAN

DATE

HVCC CHOIR RETREAT CONTRACT

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- I WILL show consideration for others.
- I WILL REFRAIN from inappropriate behavior.
- I WILL be cooperative and helpful to chaperones, choir staff, and the director.
- I UNDERSTAND that I will be expected to participate in **ALL** retreat activities.
- I WILL FOLLOW **ALL** CURFEW regulations and I WILL REMAIN in my assigned cabin/room throughout the night.
- I WILL RESPECT the property of the previously mentioned retreat location. I understand I will pay restitution for any damage to retreat location's property that occurs as a result of my actions.
- I UNDERSTAND that under special circumstances, a singer may, with signed parent permission, be driven to and from the retreat. I will notify the choir coordinator about this in advance and give the choir coordinator a signed parent consent form. I understand that I may **NOT** bring another student/passenger with me.
- I UNDERSTAND that **ANY** disregard of these rules will result in disciplinary action by the choir director.
- I UNDERSTAND that my failure to follow the conditions of this contract can jeopardize my future participation in other choir retreats and tours.

TRANSPORTATION INFORMATION: (please check one)

- My singer will be traveling to Camp Tadmor on the bus with the choir.
- My singer will be traveling separately from the choir. I understand that only I can transport my own children.

SINGER'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

CHAPERONE VOLUNTEER NOTIFICATION

I wish to chaperone this HVCC Retreat. I understand that by chaperoning this retreat, I do not have to pay any fees to HVCC to cover my participation.

Parent Name: _____ Male/Female (please circle one)

Singer Name: _____

- I wish to chaperone my singer.
- I do not wish to chaperone my singer.

*If you volunteer to chaperone this retreat, please assume you **ARE** chaperoning unless otherwise notified. We will not provide reminder calls, so please put this on your calendar. Chaperones need to bring the same basic items as singers. Thank you for your willingness to chaperone a great group of young singers!*