



# Topper Saxophone Camp Parental Consent Form

## June 12 - 14, 2008

(Please Print)



Child's Name \_\_\_\_\_ Instrument \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Roommate Preference (both students must request) \_\_\_\_\_

DOB \_\_\_\_\_ Grade in 08-09 \_\_\_\_\_ Years of Study \_\_\_\_\_ T-shirt size (adult) \_\_\_\_\_

School Attending \_\_\_\_\_

### Parent/Guardian Contact Information

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
Address (if different from student)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

### Additional Contact Information

(Individuals who may be contacted in the event the parent(s)/primary guardian cannot be reached.)

1. Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List of individuals, other than parents, allowed to pick your child up from the camp. Make these individuals aware that picture ID will be required before your child will be allowed to leave with them.

\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ relationship \_\_\_\_\_

Parent Consent Statement

As the parent/guardian, I certify that my child has my permission to participate in Topper Saxophone Camp. I understand that he/she will be subject to the regulations of Western Kentucky University. I also agree that my child will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the camp.

All risks associated with participating in the program, including but not limited to bodily injury, are assumed by me, as indicated by the signature below.

I understand that during Saxophone Camp, participating students may be asked to complete assessment instruments that are judged appropriate. I give my permission for my child to complete these assessments and for the data to be used in research studies with the understanding that such studies will make no reference to specific students.

I understand that photographs and videos may be taken to document activities. I give my permission for photographs and/or videos to be taken of my child during the camp to be used for educational and/or promotional materials for the Department of Music and the Division of Extended Learning & Outreach.

I release and discharge Western Kentucky University, its employees, agents, and/or officers, from any and all claims, demands or damages which may arise from loss or injury of any nature as a result of any act of proven negligence on the part of the University, its employees, agents and/or officers, while my child is participating in this camp. I further agree to indemnify and hold harmless the University, its employees, agents, and/or officers from any and all loss, damage, or expense incurred.

I understand that I will be notified should a health emergency arise. If I cannot be reached by telephone, I authorize whatever medical treatment is deemed necessary by medical personnel.

My child has the following known medical conditions: \_\_\_\_\_  
\_\_\_\_\_

My child takes the following medications: \_\_\_\_\_  
\_\_\_\_\_

My child is allergic to: \_\_\_\_\_  
\_\_\_\_\_

Other concerns/conditions of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/2008

***Please return completed forms to Continuing Education, 2355 Nashville Rd, Bowling Green, KY 42101 or fax to 270-745-8974.***