

ATTENTION PARENTS

Please complete this form and return to the Music Staff on the first day of camp.

Participant's Name: _____ Age/DOB: _____ / _____

Telephone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact & Phone Number: _____

Medical Conditions/Allergies/Medications: _____

Physician's Name & Phone Number: _____

I, the undersigned, hereby release the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them from all liability for any damage and injury to any person or thing in connection with the above activity. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my own behalf or on behalf of my son or daughter (named above) as a result of any damages or injuries to any person or thing that occurred in connection with the above activity. I also hereby agree to permit the video recording and or photographing of this activity for the purposes of program advertisement by the Township of Lower Merion.

Adult Participant's or Parent's Signature

Date

Daytime Telephone

Participation Permission Slip

Please check(x) the activities in which your child will participate.

Free Concert

Location: **Mann Music Center**

Fee: **Free**

Performance

Location: **PALM Center**

Fee: **Free**

Swimming

Location: **Belmont Hills Pool**

Fee: **Free**

Bowling

Location: **Wynnewood Lanes**

Fee: **\$6.00 = 2 Games & Shoes**

EXACT CASH ONLY, PLEASE