

YOUTH SINGERS WORKSHOP

Eastern Federation of Greek Orthodox Church Musicians New Jersey District
Metropolis of New Jersey

St. George Greek Orthodox Church
818 Valley Road
Clifton, NJ 0703
973-779-2626

PERMISSION FORM

ATTENTION PARENTS: THIS FORM MUST BE FILLED OUT SEPARATELY FOR EACH CHILD AND INCLUDED WITH THE REGISTRATION FORM IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS EVENT.

I hereby give permission for my son / daughter _____
Age: _____ to attend the **YOUTH SINGERS WORKSHOP**. I accept all liability for the trip. I will not hold the Eastern Federation of Greek Orthodox Choir Musicians nor the St. George Church of Clifton, NJ responsible for any mishap. I acknowledge that chaperones will be supervising the youth choir members.

In case of an emergency the parent/guardian will be called before taking the child to a doctor or hospital. When neither the parent / guardian can be reached, the following permission form will allow treatment to be secured.

Parents/Guardians Names _____
Telephone # _____ Cell # _____
Contacts other than the Parent / Guardian: _____
Relationship: _____
Family Doctor's Name: _____
Doctor's Telephone #: _____

I hereby give permission to transport my child to the closest hospital or medical center for emergency treatment on Saturday, November 20, 2010.

I hereby give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment conforming with the standard of care for the child's medical situation including but not limited to inject or administering medication in conjunction with such emergency.

Parent /Guardian Signature _____
Health Insurance Company _____
Policy# _____

Allergies: _____

Parent /Guardian Signature _____ Date _____