



<http://www.flutefrenzy.org>

FLUTIST NAME: _____

PARENT(S) NAME: _____

Address _____

Home phone # _____

Work phone # _____

Cell phone # _____

Emergency Medical Release

In case of emergency, contact _____
(list at least one contact other than parent, include phone #)

Please list any medical needs/food allergies we should know about.

Name of physician _____ Phone _____

In case of emergency, in the event that neither I nor the emergency contact named above can be reached I, the undersigned parent and/or legal guardian of _____, give my permission to have my child transported to the closest hospital for emergency treatment.

Signed _____ Date _____

Publicity Release

I, the undersigned parent and/or legal guardian of _____, hereby consent to the use by Flute Frenzy of my child's likeness and/or recordings from rehearsals, concerts and other Flute Frenzy activities to promote the organization and its programs.

Signed _____ Date _____

Field Trip Permission

I, the undersigned parent and/or legal guardian of _____, hereby give my permission for him/her to participate in Flute Frenzy Field Trips. I understand that necessary transportation may be provided by volunteers in private vehicles or bus.

Signed _____ Date _____