



**Attendance Policy**

Students absent more than 2 days for each 2 week session at summer camp will be dismissed from camp and will not be allowed to participate in next year's summer camp. Attendance at all concerts is mandatory.

**Authorization for Photography/Video**

I hereby:

consent and authorize                      or             do not consent and authorize  
the Greater Miami Youth Symphony to take pictures or video recordings of my child.

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

**Permission to Transport**

**Comprehensive Parental/Guardian Consent Form and Liability Waiver**

*(must be signed for students to participate in off-site field trips)*

I, (Parent/Guardian) \_\_\_\_\_ grant permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

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

**Emergency Contact Information and Authorization Pick-Up (Children will not be released to any person not listed below)**

NAME	Relationship	Place of Employment	Work Number	Beeper/Cell Number

**Walk-Home Authorization:**

Days \_\_\_\_\_ Exact Times \_\_\_\_\_

I understand that GMYS is not responsible for the care of my child after the times listed above.

**Participant Medical Information:**

Please state below any medical or behavioral conditions your child has or has had that should be considered . Include any medication which needs to be administered while attending the program. (Allergies, present, medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, are there any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **If none, please write N/A.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Verification and Consent:**

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participants physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participants legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury caused by the negligence of GMYS and or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Signature \_\_\_\_\_ Date: \_\_\_\_\_