



Cabrini High School
2019 Performing Arts Camp
Registration – Part 2

For Emergency Purposes Only

Name: (Other than parent) _____

Relationship to Camper: _____ Phone: _____

Family Physician: _____

Physician Phone: _____

Physician Address: _____

Insurance Company: _____

Primary: _____ Policy Number: _____

Hospital: _____

Allergies or Comments: _____

Parental Consent: I hereby give written permission for my child to attend summer camp at Cabrini High School. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to contact me.

Enrolling a student into the Cabrini performing arts program constitutes the consent of his/her parents or guardians for the student's name, voice or likeness to be used in news publications, audio-visuals, and other electronic transmissions including the Cabrini website.

Parent's Signature

Date



PERMISSION and RELEASE, DEFENSE, HOLD HARMLESS AND INDEMNITY AGREEMENT

I/We, _____, the undersigned parent(s) of _____, a camper at Cabrini High School, Inc., hereby:

_____ Grant Permission _____ Do Not Grant Permission

to Cabrini High School, Inc., to photograph, videotape and/or film my/our child and to publish and/or print my/our child's photograph and/or likeness on videotape and/or film on the Cabrini High School's website, on social media, on the Internet, and/or on the world-wide web and/or in any other publications, brochures and/or publicity that Cabrini High School deems fit in its sole discretion.

If I/we grant permission above, I/We, hereby further agree to defend and do hereby release, indemnify and hold harmless Cabrini High School, Inc., Missionary Sisters of the Sacred Heart of Jesus, Incorporated, their members, directors, officers, employees, agents, representatives and/or insurers from any and all claims and/or damages on behalf of myself/ourselves and/or on behalf of my/our child arising from the photographing, videotaping, filming, publication and/or printing of my/our child's photograph or likeness as set forth above.

This agreement shall remain in force and effect at all times during my/our child's enrollment at Cabrini High School camps.

Student's Name (PLEASE PRINT) _____
Date

Father's Signature _____
Date

Father's Name (PLEASE PRINT)

Mother's Signature _____
Date

Mother's Name (PLEASE PRINT)