

**CHILDREN'S CHORUS OF MARYLAND & SCHOOL OF MUSIC CAMP CONTACT & MEDICAL FORM  
AND COMMITMENTS AND WAIVERS**

This form must be completed and turned in before a child can attend this camp. Questions? Call us at 410-494-1480 or email [ccm@ccmsings.org](mailto:ccm@ccmsings.org) Please mail form to Children's Chorus of Maryland at 320 East Towsontown Blvd. Terrace Level, Towson, Maryland 21286 or send to [ccm@ccmsings.org](mailto:ccm@ccmsings.org).

Today's Date: \_\_\_\_\_

**STUDENT INFORMATION:**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in Fall 2024: \_\_\_\_\_

**PARENT(S) OR LEGAN GUARDIAN(S) INFORMATION:**

**Parent 1 Name:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address (if different from child's): \_\_\_\_\_

**EMERGENCY CONTACTS:**

Check which parent we should contact first in case of emergency. Parent 1 \_\_\_\_\_ OR Parent 2 \_\_\_\_\_

List Adults (other than parents) who may be contacted in case of an emergency. DO NOT LIST Parents in this section.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHILDREN'S CHORUS OF MARYLAND & SCHOOL OF MUSIC CAMP CONTACT & MEDICAL FORM  
AND COMMITMENTS AND WAIVERS**

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**AUTHORIZATION FOR PICK UP:** List adults (other than parents) who are authorized and have agreed to pick up your child from camp. **DO NOT LIST** parents in this section. Adults listed will be asked for proof of identification when picking up your child.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**MEDICAL AND PERSONAL INFORMATION:** It is important that we are informed of any health problems or conditions that may affect your child's time at our camp. ALL information is confidential.

Does your child have any allergies? (If yes, please specify) \_\_\_\_\_

If so, what kind of reaction does your child have? \_\_\_\_\_

List all other important medical information, medication, any physical limitations, etc.:

\_\_\_\_\_

Please list any other important information that camp staff should know about your child:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**CHILDREN’S CHORUS OF MARYLAND & SCHOOL OF MUSIC CAMP CONTACT & MEDICAL FORM  
AND COMMITMENTS AND WAIVERS**

**Children's Chorus of Maryland's Commitment**

Children’s Chorus of Maryland, Inc. does not discriminate on the basis of race/ethnicity, color, national origin, gender or gender identity, sexual orientation, disability, or veteran status in the administration of any of its employment policies or practices, educational programs, performance programs, admissions policies, scholarship programs, tours, and other school-administered programs. Children’s Chorus of Maryland, Inc. does not discriminate on the basis of age in the administration of any of its employment policies or practices.

---

**Summer Camp Waiver**

As parent/guardian of the above child I hereby waive, release, and forever discharge Children’s Chorus of Maryland & School of Music and its representatives, camp staffers and all others acting on their behalf from any and all responsibilities or liability for injuries or damage arising out of his/her/their presence on the premises and outdoor grounds of Children’s Chorus of Maryland and School of Music. I also hereby release all of those mentioned above and any others acting upon their behalf from any responsibility or liability for any injury or damage sustained resulting from the participant’s use of the Children Chorus of Maryland & School of Music ‘s equipment or facilities. I understand the risks and dangers involved in participation in this camp program.

---

**Authorization to Treat a Minor**

In the event that my child, a minor, becomes sick or is injured, I do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of any licensed hospital or medical facility in Maryland or any other state. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician or medical practitioner in the exercise of his or her best judgment may deem advisable. It is understood that a reasonable effort shall be made to contact the parent, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

---

**Media and Publicity Release:**

I hereby grant to Children’s Chorus of Maryland and/or affiliates the absolute and irrevocable right and unrestricted permission to use, re-use, display, distribute, transmit, publish, republish, copy, or otherwise exploit, either in whole or in part, either audio, digital, video, photographic, and written statements, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction, performances and other activities in which I or my child may be included; without restriction; and to copyright the same. I understand and agree that Children’s Chorus of Maryland and/or affiliates may or may not use my or my child's name or likeness as stated above as it so chooses.

**CHILDREN’S CHORUS OF MARYLAND & SCHOOL OF MUSIC CAMP CONTACT & MEDICAL FORM  
AND COMMITMENTS AND WAIVERS**

I hereby release and discharge Children’s Chorus of Maryland and their agents, representatives, and assignees from any and all claims and demands arising out of or in connection with the use of photographs, the performance recording and other representations, including without limitation any and all claims for invasion of privacy, right of publicity, and defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

This agreement is being made and entered into under the laws of the State of Maryland and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties. No modification of this agreement shall be of any effect unless it is made in writing and signed by all the parties to the agreement.

---

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