Print out, complete, and send the following:

1. ***Registration Form 2017***
2. ***Medical & Parent Waiver Form 2017***
3. ***Standards of Behavior 2017***

To:
Yuma Orchestra Association
P.O. Box 6266
Yuma, AZ 85366-6266
ATTENTION: Strings del Rio

Medical and Parent Waiver Form 2017

Name: _____
Last First

Personal information (address, phone number, email address, parent/guardian, age): same as on registration form.

Health Issues:

Allergies: _____

Dietary Needs: _____

Other: _____

Primary Insurance _____ Policy # _____

Primary Care Physician and Phone Number _____

Students 17 years and younger:

I give my child, _____, permission to attend Strings del Rio Summer Orchestra Cay Camp in Yuma, AZ. I authorize the adult advisors to secure any emergency medical care which may be necessary for my child during that time. I agree to pay in full for such care.

_____

Signature Date

Students 18 years and Older:

I give my permission for the adult advisors of Strings del Rio Summer Orchestra Day Camp in Yuma, AZ, to secure any emergency medical care I might require during the time I am a camper there. I agree to pay in full for such care:

_____

Signature Date