

UTRGV CELLO FESTIVAL APPLICANT AND MEDICAL INFORMATION

Date(s): Saturday, April 6, 2024

GENERAL INFORMATION

Participant name: _____ Address: _____

Date of Birth ____/____/____ Gender: M ____ F ____

Parent/Legal Guardian name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Please list two emergency contacts:

Emergency Contact # 1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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Emergency Contact # 2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the nearest hospital. If traveling off campus, Festival Staff will select qualified facility. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

_____ has my permission to receive medical attention in the event of illness or medical emergency while participating in this UTRGV Cello Festival . I will assume financial responsibility for any cost of health care that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to UTRGV pertaining to my child’s medical, mental and physical condition and that it is accurate and complete. I agree to notify UTRGV of any changes in my/my child’s mental, physical or medical condition prior to my child’s festival

By revealing or disclosing the above medical information it will not be used by UTRGV personnel or employees to determine my child’s ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my child.

SIGNATURE IS REQUIRED:

Participant Name	Participant Signature	Date
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Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date
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UTRGV CELLO FESTIVAL

Leave Authorization List

Rules, participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. In order to assure the safety of your son/daughter, please provide the program with a list of names that you (Parent or Legal Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

Name/Nombre	Relation/Relación	Address/Dirección	Phone/Teléfono
1.			
2.			
3.			
4.			
5.			

Government-issued picture ID's will be required to pick up campers.

I, _____, as the Parent or Legal Guardian of _____, hereby authorize the UTRGV festival staff to release my son/daughter to the above listed persons and release the UTRGV Camp staff from any liability that may arise by them releasing my son/daughter to them. I fully understand that once my son/daughter is released to any of the above authorized individuals, it will be their responsibility and not the programs to ensure their safety and well-being.

*Note: If you have special concerns or circumstances about picking up your child please discuss them with the Festival director.

Parent/Guardian Name

Parent/Guardian Signature

Date

Release of Student Information, Pictures, & Video

CONFIDENTIALITY OF INFORMATION

The personal information that you provide UTRGV will be maintained within the UTRGV Cello Festival. This information is protected by the Family Educational Rights and Privacy Act of 1974.

RELEASE OF STUDENT INFORMATION

I, _____, authorize UTRGV to release official transcripts, test scores, and
Parent/Guardian Name

other records of my son/daughter _____ to the professional staff of UTRGV for
evaluation purposes. I also authorize the professional staff of UTRGV to further release these records to other
institutions for admission, educational planning, and program developing purposes.

- Yes, I do** agree with the conditions stated above.
- No, I do not** agree with the conditions stated above.

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

I, _____, authorize UTRGV to use photographs of _____.
Parent/Guardian Name *Participant Name*

I understand that these photographs will be utilized for promotional, recruitment, and informational purposes in the form of newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional video, and/or any other media form and/or any other media form that will require his/her image.

- Yes, I **do** agree with the conditions stated above.
- No, I **do not** agree with the conditions stated above.

PARENT/GUARDIAN SIGNATURE FOR ABOVE STATEMENTS

Parent/Guardian Signature

Date