

PARENTAL/GUARDIAN AUTHORIZATION FORM
NYSB Future All-Stars Weekend
March 15-17, 2024

Important: This document must be completed in full or your child will not be permitted to attend the NYSB Future All-Stars Weekend.

I wish to enroll the following individual in The Salvation Army New York Staff Band's Future All-Stars Weekend:

Child's full name: _____

By signing this document I am indicating that the person herein has permission to engage in all activities except as noted below.

I hereby give permission to the band to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays and/or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the band to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the band to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of conference center.

By signing this document, I agree that my child will remain at the Star Lake Conference Center (268 Macopin Road, Bloomingdale, NJ, 07043) for the majority of the weekend and will be transported to Montclair Citadel (13 Trinity Place, Montclair, NJ 07042) for the finale concert.

In the event of dismissal due to breach of discipline or voluntary withdrawal, I understand that there will be no refund of weekend fees. If the withdrawal is due to serious illness or accident, I understand that a 'pro-rated' refund may be available.

I understand that all reasonable precautions for health and safety are taken by the New York Staff Band and participation by my child in all weekend activities is at the individual's and my own risk.

By signing this I am also giving the New York Staff band permission to use digital images acquired during this weekend on publications and online materials.

Signature of parent/guardian or adult applicant _____

Printed Name _____

Address _____

Home phone _____ Daytime phone _____

Date _____