2020 Day Camp at HNMC

Medical Release/Acknowledgement of Risk

I verify that (Name of Participant):

____
has medical insurance with: (Company and Policy #)

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and dental insurance with: (Company and Policy #) which effectively covers any medical/dental cost incurred as a result of participation in the 2020 SYS Day Camp at HNMC. Further, I authorize Spokane Youth Symphony staff to seek any necessary emergency medical/dental treatment needed during the course of the event.

As the Parent/Guardian of the Participant, I acknowledge the potential risk of injury related to physical activity associated in the participation in 2020 SYS Day Camp at HNMC.

Parent/Guardian Name: (please print)

____

Parent Phone__________________________________

Parent/Guardian Signature:

X____

Complete and mail by August 1, 2020 to:
SYS
PO Box 9547
Spokane, WA 99209