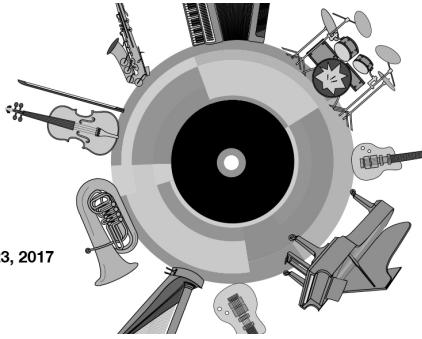


HAPCO SUMMER jazz CAMP

Ocoee High School | June 19-23, 2017



HAPCO Music Foundation

PO Box 784581 | Winter Garden, FL 34778
info@hapcopromo.org | 800.409.6133 | hapcopromo.org

Student Forms | complete and return to HAPCO

- Release and Indemnification Agreement
- Contact/Medical Information Form
- Insurance Consent & Medical Authorization
- Physician Authorization Form
- Permission to Drive to/from Camp + to Leave Form [if needed]

Release and Indemnification Agreement

Participant [Name and Address]

INSTITUTION

HAPCO Music Foundation

Description of Activity

HAPCO Summer Jazz Camp | June 19-23, 2017

Ocoee High School | 1925 Ocoee Crown Point Parkway | Ocoee, Florida 34761

Host Hotel: Fairfield Inn & Suites Orlando | 10971 West Colonial Drive | Ocoee, FL 34761 | 407.573.1010

I am the Parent/Guardian of the above-named Participant who is under 18 years of age and am fully competent to sign this Agreement. In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation. I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

parent/guardian signature

printed name

date

address [if different than participant's]

phone

witness signature

printed name

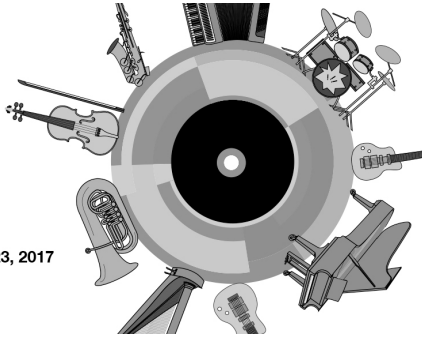
date

address

phone

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Contact/Medical Information Form

student name _____ email _____

mobile phone _____ birthdate _____ social security # _____

home address _____

city/state/zip _____

parent/guardian 1 name _____ email _____

mobile phone _____ home phone _____ work phone _____

parent/guardian 2 name _____

mobile phone _____ home phone _____ work phone _____

another emergency contact person _____ relationship _____ email _____

mobile phone _____ home phone _____ work phone _____

Insurance Information

primary insurance company name _____ employer providing insurance _____

insured's name _____ insured's social security number _____

policy number _____ plan type or code number _____

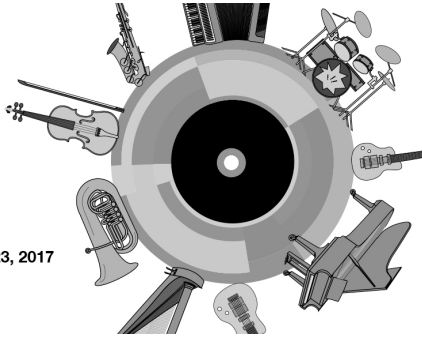
billing address _____

city/state/zip _____

mobile phone _____ home phone _____ email _____

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Medical Information

Please provide details on any of the student's allergies or medical conditions that might require special attention.

Examples are food, drug or insect allergies, diabetes, chronic illness, recent surgery, fainting spells, etc.

It must also include any hospitalizations for any reason, any regularly prescribed medications, and any special or psychological examinations, conditions or treatments.

is student currently taking medication? yes no

if yes, list medicine name and dosage instructions

food or seasonal allergies

allergies to medications

chronic conditions [asthma, etc.]

regular medications

medical history

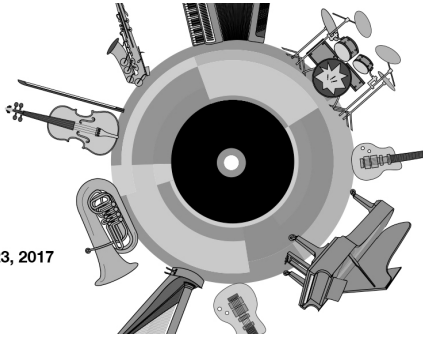
Have had or subject to the following [check all that apply]:

- | | | | | | | |
|--|--------------------------------------|-------------------------------------|---------------------------------------|--|---|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> polio | <input type="checkbox"/> mumps | <input type="checkbox"/> diabetes | <input type="checkbox"/> cramps | <input type="checkbox"/> asthma | <input type="checkbox"/> heart problems |
| <input type="checkbox"/> typhoid fever | <input type="checkbox"/> chicken pox | <input type="checkbox"/> hernia | <input type="checkbox"/> fainting | <input type="checkbox"/> pneumonia | <input type="checkbox"/> epilepsy | <input type="checkbox"/> ear or sinus problems |
| <input type="checkbox"/> tonsillitis | <input type="checkbox"/> measles | <input type="checkbox"/> diphtheria | <input type="checkbox"/> lung trouble | <input type="checkbox"/> sleep walking | <input type="checkbox"/> abdominal pain | |

other

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date of last tetanus shot

details of any special medical care in the last 12 months

details of any reason why student should not participate in clinics

Has student been exposed to any contagious disease[s] within the last 30 days? yes no

if yes, what?

any other special instructions

The undersigned parent/guardian/adult assumes responsibility for the participant while attending the clinic(s) with the understanding that the undersigned will be notified immediately should anything unforeseen happen to the participant. In the event HAPCO is unable to, or have sufficient time to contact (or locate) the undersigned in the event of an emergency, then HAPCO may take temporary measures as it deems appropriate for the well-being of the participant, including medical, hospital or ambulance services. The undersigned, or the medical insurance company of the undersigned, agrees to pay all medical expenses incurred by the participant attending the HAPCO Summer Jazz Camp.

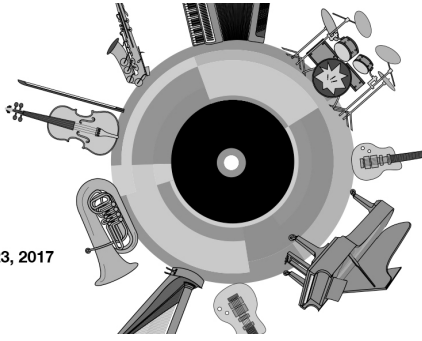
parent/guardian signature

printed name

date

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Insurance Consent & Medical Authorization

student name

age

school name

2017/18 academic year

I understand that my child ("Student") named above has been registered to attend the HAPCO Summer Jazz Band Camp ("HAPCO" "Program") to be held from June 19-23, 2017 at: **Ocoee High School** | 1925 Ocoee Crown Point Parkway | Ocoee, Florida 34761.
Host Hotel: Fairfield Inn & Suites Orlando | 10971 West Colonial Drive | Ocoee, FL 34761 | 407.573.1010.

I understand that all participating Students must have health insurance. My health insurance will be Student's primary coverage in the event of accident or illness while attending the Program.

In the event I have exceeded my coverage limits, the Program has my permission to authorize treatment for accident and illness occurring during my child's Program attendance in the amount of:

\$ _____

I request that the Program, through its agents or employees, takes whatever steps necessary to secure medical treatment for my child in the event they appear to be in need of treatment while attending the Program. I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as HAPCO, acting through its agents or employees, deems best. I authorize the agents or employees of HAPCO to execute whatever forms might be necessary to ensure complete and adequate care of my child.

If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I, the undersigned, affirm that I have been judicially granted legal guardianship of the participant.

parent/guardian 1 signature

printed name

date

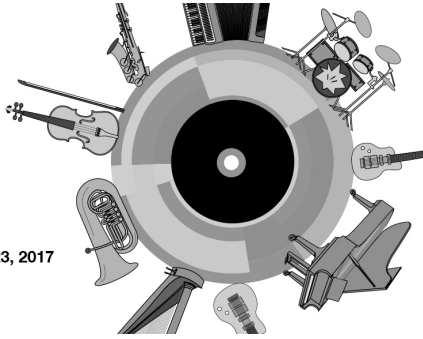
parent/guardian 2 signature

printed name

date

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Physician Authorization Form Pre-Activity Clearance Examination

NOTE: This form must be completed and returned to HAPCO by June 12, 2017

student name

age

I hereby certify that I have examined the student named above and have found him/her fit to attend and participate in the HAPCO Summer Jazz Camp. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

restrictions and/or comments

date of last tetanus booster

date of last physical exam [must have been completed within 12 months of June 19, 2017]

physician's name

physician's signature

practice name

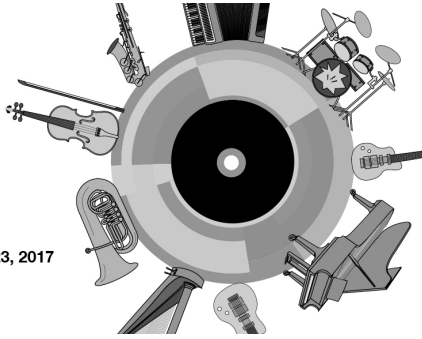
address

city/state/zip

office phone

HAPCO SUMMER jazz CAMP

Ocoee High School | June 19-23, 2017



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Permission to Drive to Camp Form

student's name

reason for driving to camp

Drive to Camp Rules

- HAPCO must be notified of student vehicle usage by June 12.
- Due to Ocoee High School parking restrictions, all vehicles must have a parking permit.
- Parking permits are free, but must be obtained at the time of registration.
- All campers must remain on-site at Ocoee High School for lunch.
- **Resident campers.** Upon arrival, car keys must be turned into HAPCO. They will be returned following the final performance.
- **Commuter campers.** All campers driving to and from camp each day will be required to check in with their counselor at arrival and prior to departure. Commuter campers are never allowed to provide rides to resident campers.

parent/guardian signature

printed name

date

Permission to Leave Camp Form

Campers will not be permitted to leave camp with anyone (including visiting the home of a Orlando area relative or friend), unless we receive written notification before the first day of camp. Due to the size of the camps, we are unable to accept leave requests submitted after the beginning of each session. Note that submission of this form does not guarantee that the request will be approved. Please indicate the reason (activity to be attended), who will pick up your child, time he/she will be picked up and returned to Ocoee High School, and date. Please include any other information that may be relevant.

reason student needs to leave camp

date of leave

name of person picking student up

time of departure

time of return

additional information

parent/guardian signature

printed name

date