

PARENTAL/GUARDIAN AUTHORIZATION FORM
ETSS Singing Stars Weekend
October 4-6, 2024

Important: **This document must be completed in full or your child will not be permitted to attend the ETSS Singing Stars Weekend.**

I wish to enroll the following individual in The Salvation Army Eastern Territory Staff Songsters Singing 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 ETSS 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 ETSS 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 ETSS to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the 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 duration of the weekend except as noted following. I understand that on Saturday, October 5, participants will travel by bus to The Salvation Army College for Officer Training (201 Lafayette Avenue, Suffern, NY) and on Sunday will be transported to The Salvation Army at 13 Trinity Place, Montclair, NJ 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 Eastern Territory Staff Songsters 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 Eastern Territory Staff Songsters permission to use digital images acquired during the weekend on publications and online materials

Signature of parent/guardian or adult applicant _____

Printed Name _____

Address _____

Home phone _____ Daytime phone _____

Date _____