



26th Annual St. Theresa Sacred Music & Arts Camp
PARTICIPANT MEDICAL and MEDIA RELEASE Form

June 4th to 8th, 2018

1:00 pm – 5:30 pm

**For students entering
2nd-12th grades**

**St. Theresa Catholic Church
4311 Small Drive, Austin, TX 78731**

Please complete a SEPARATE FORM for each child.

PRINT Child's First & Last Name: _____

Grade entering 2018-19 school year: _____ **Child's Date of Birth:** _____

In the event of an emergency or a situation that is reasonably considered to be an emergency, parents/guardians authorize St. Theresa Parish to seek and authorize emergency medical care to be given to my child named above. (Example: first aid, medication, anesthesia, or surgery). St. Theresa Parish will make reasonable attempts to notify parents prior to authorizing any such emergency care.

Unless this paragraph is struck and initialed by the undersigned, parent/guardians authorize St. Theresa Parish to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to my child named above if St. Theresa Parish deems it reasonable to do so. The Parish will make reasonable attempts to notify parents prior to authorizing any such over-the-counter medication.

Parents grant St. Theresa Parish permission: (1) to photograph and video tape my child named above during the Sacred Music and Arts Camp; and (2) to use the photographs and video tapes in publications and promotions of the St. Theresa Sacred Music and Arts Camp including but not limited to publications such as websites, newsletters, advertisements, videos of the concert, and scrapbooks. Parents fully understand that my child named above must abide by all rules governing conduct and safety while attending St. Theresa Sacred Music and Arts Camp.

Parent/Guardian Signature(s) _____ **Date** _____

Printed Name(s) _____ **Phone () -** _____

Printed Email(s) _____

Print Alternate Emergency Contact Name _____

Alternate Contact Relationship To Child _____ **Phone () -** _____

Physician Name _____ **Phone () -** _____

List Special Considerations (allergies, medical, or behavioral conditions) If NONE, check here: _____

Indicate any special custody arrangements or other issues below. This information will be kept confidential.

Other than the Parent/Guardian and Emergency Contact printed above, who else may pick up your child from Sacred Music and Arts Camp? _____

TO COMPLETE YOUR CHILD'S REGISTRATION:

1. Register online at <http://www.sttaustin.org/sacred-music-camp>
2. Pay registration fee of \$75 per child on or before May 15th; \$90 per child after May 15th. The fee can be paid online on the DONATE tab under the My STT tab at <https://sttaustin.org/> or by turning in cash or check to the PARISH office. Indicate method of payment: ___ Online ___ Cash ___ Check # _____
3. Turn in this completed Medical and Media Release permission form to the PARISH office.
You will receive a confirmation email when payment, online registration, & medical/media forms are processed.

STAFF USE: # of Children _____ **Payment Received \$** _____ **Online** ___ **Cash** ___ **Check #** _____