



SUMMER STRINGS 2018 MEDICAL TREATMENT AUTHORIZATION

I/We, being the parent/guardian of the child named, authorize "Stringendo" and its agents to secure emergency medical treatment if it is deemed necessary, after an attempt has been made to contact us.

INDEMNIFICATION BY PARENT/GUARDIAN

The undersigned parent/guardian of the applicant, hereby agrees to save and indemnify and keep harmless the said Stringendo program, its agents and sponsors against any and all liability, claims judgments or demands arising as a result of injuries sustained by the applicant during or as a result of any course of instruction given the applicant by Stringendo.

Name of Student

Names of Parents/Guardians

Emergency Phone Number #1

Signature of Parent/Guardian

Date

Emergency Phone Number #2

Health Insurance Provider

Emergency Phone Number #3 (optional)

Health Insurance Policy Number

Medical Conditions/Allergies: _____

(*** Please let us know if your child will be accompanied by an epipen or other emergency allergy treatment.)

PHOTO/VIDEO RELEASE

I give my permission for Stringendo to utilize photographs and/or videos of my child for educational and/or promotional materials. (Student's name will not be released): _____ Yes _____ No

Parent's Name: _____

Signature: _____ Date: _____

Mail completed form by **June 1st** to:

Stringendo, Inc.
1580 Route 376, Wappingers Falls, NY 12590

Notice of Non-discriminatory Policy: Stringendo, Inc. admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Stringendo, Inc. does not discriminate on the basis of race, creed, color, religion, disability, national origin, sexual orientation, gender expression, military status, sex, age or marital status in any of its activities or operations.