

Apple Hill Center for Chamber Music Emergency Contact/Release Form 2027

PARTICIPANT (Please print)

Name: _____ Session(s): I II III IV V
Last First M.I. (CIRCLE)

Home Phone: _____ Cell phone: _____

Name of Parent or Guardian(s): _____ Email: _____

EMERGENCY CONTACT (Please print)

In case of emergency notify: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: Home: _____ Cell: _____

Work: _____ Other: _____

Relation: _____ Email: _____

INSURANCE INFORMATION (Please print)

☐ **I currently do NOT have medical insurance.**

☐ **I currently have medical insurance:**

Medical Insurance Company Name: _____

Address of Company: _____
Street City State Zip

Phone: _____

Policy Number: _____ Group Number: _____

Name of Principal (family member) Insured: _____

Family Doctor: _____
Last First M.I.

Address: _____
Street City State Zip

Family Doctor Phone: 1. _____ 2. _____

Participant Name *(please print)*: _____

☐ I authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

OR

☐ I do **not** authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

☐ I permit my child to be administered over-the-counter medication by an Apple Hill staff member if needed and requested by my child (exceptions listed below).

OR

☐ I do **not** permit my child to be administered any over-the-counter medication by an Apple Hill staff member.

OR

☐ N/A. I am over 18 and will self-administer as needed.

☐ I give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

OR

☐ I do **not** give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

I have read, understood, and agree to abide by the policies of the Apple Hill Summer Chamber Music Workshop as presented in the Handbook. See: <https://applehill.org/ah/wp-content/uploads/2026/10/Apple-Hill-Summer-Chamber-Music-Workshop-Policies-2027.pdf>

I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend certain mitigation measures.

I further acknowledge that Apple Hill has put in place preventive measures to reduce the spread of COVID-19 since we are an intergenerational community with varying degrees of vulnerability.

I further acknowledge that Apple Hill cannot guarantee that I will not become infected with COVID-19. I understand that the risk of becoming exposed to and/or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Apple Hill staff, and other participants.

I voluntarily seek to attend Apple Hill in person and acknowledge that I may increase my risk to exposure to COVID-19. I acknowledge that I must comply with all set procedures related to risks while attending.

Participant signature: _____ **Date:** _____ - _____ - _____
(All participants please sign.)

Parent or guardian signature: _____ **Date:** _____ - _____ - _____
(If participant is under 18)