



SURREY YOUTH ORCHESTRA

**Symphonic Strings & Senior Orchestra  
Charis Music Camp November 2-3, 2019**

**Expectations for Student Behaviour**

1. It is expected that each student shows consideration, courtesy and respect to all students, parents/guardians, conductors, instructors, staff and visitors.
2. It is expected that each student refrain from swearing, bullying, harassing, vandalizing, stealing, and/or exhibiting racist behaviour. Each student will conduct him/herself in such a way as to avoid inflicting any physical, emotional and/or sexual harm to others.
3. Minor disciplinary issues will be discussed with the student directly without involving or notifying parents/guardians. Repeated or more serious concerns will be communicated to parents/guardians and students may be withdrawn from rehearsal for the day if needed. Progressive discipline will result in withdrawing the student from the society.
4. Students are guests at Charis Camp and will treat the building and surrounding grounds with respect.

**Personal Belongings & Instrument Care**

Please take extra caution to ensure the safety of your instrument while at Charis Camp, as the Surrey Symphony Society shall not be held responsible for any lost or damaged instruments.

Surrey Symphony Society is not responsible for your personal belongings while at Charis Camp. Please leave valuables at home.

I have read and understand the above noted expectations for student behaviour at Charis Music Camp.

Student name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Charis Music Camp  
Student Medical Information**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Care Card Plan number: \_\_\_\_\_

Emergency Medical Information

Does your child have any allergies including drug allergies? YES  NO

Details: \_\_\_\_\_

Does your child have a chronic illness, disease, or condition? YES  NO

Details: \_\_\_\_\_

Is your child on medication? YES  NO

Details: \_\_\_\_\_

I give permission for a chaperone or staff member to administer medication to my child for pain relief, nausea, or allergies, if needed. YES  NO

I understand that it is my responsibility to keep the Surrey Youth Orchestra advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, Surrey Youth Orchestra staff will arrange to take my child to the hospital. Initials \_\_\_\_\_

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. Initials \_\_\_\_\_

I also authorize the release of information to appropriate people (conductor, physician, paramedit) as deemed necessary. Initials \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Disclaimer: Personal information used, disclosed, or retained by the Surrey Symphony Society will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Surrey Symphony Society's own Privacy Policy.