



Third Annual CCYO Rehearsal Weekend at Camp Innabah

To continue a CCYO tradition, at the start of the fall season 2010/11, an overnight-camp for all CCYO students will take place at Camp Innabah (www.innabah.org). The camp is located about 20 mins. north of Lionville on Rt. 100.

The rehearsal camp will start Saturday, Sept. 18th, in the afternoon with check-in and end Sunday, Sept. 19th, in the afternoon. This is the tentative schedule:

Saturday Sept. 18th:

1:00pm	Arrival at Camp Innabah & Check-in
1:30pm	Rehearsal
3:30pm	Unpack & Explore the Camp
5:30pm	Dinner
6:30pm	Rehearsal
8:00pm	Social Event (Big Secret!!!)
11:00pm	Lights-out

Sunday Sept. 19th:

7:30am	Wake-up call
8:30am	Breakfast
9:30am	Rehearsal (with break)
12:30pm	Lunch
1:30pm	Rehearsal
2:30pm	Check-out & Farewell
3:00pm	Parent Pickup

We have reserved 70 beds in 3 cabins. This will accommodate all current students and new CCYO members plus the chaperones (CCYO board members & parent volunteers).

The fee for this overnight camp will remain at \$50 per person (\$40 for each additional sibling). Please note that this event is being financially supported by the CCYO and made possible by generous donations.

While this camp will provide us with the opportunity to practice together as a group more intensively than on the scheduled Wednesday night rehearsals, there will be plenty of time to socialize and make new friends.

The CCYO conductors and the board strongly feel that every student should to take advantage of this unique opportunity!

Please don't hesitate to contact the CCYO board with any questions or comments.

Best regards,
Chris Kimmel
President CCYO
kimmelc@pepperlaw.com



CCYO Rehearsal at Camp Innabah Sept. 18th/19th 2010

Signup Form

Parent's Name: _____

Address: _____

City, Zip: _____

Telephone: _____

My son/daughter _____ ("Participant") will attend the CCYO Rehearsal Weekend at Camp Innabah on September 18-19th, 2010.

PARENT WAIVER

As the parent or guardian of the Participant, I consent to his/her participation in the CCYO Music Camp ("Program"). I understand and agree as follows:

1. Participant is healthy and able to fully participate in the Program all camp activities.
2. Participant has sufficient health insurance to cover her/him during her/his participation in the Program or else I agree to bear the cost of injury or damage myself. I certify that the Participant has no medical, emotional, and/or physical conditions that could interfere with participation in the Program. I understand that CCYO does not provide insurance for Participant.
3. I hereby release and discharge and hold harmless CCYO and its officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have arising from, relating to, or in connection with Participant's participation in the Program, including and without limitation to Participant's injury, illness, or death as well as from any loss and/or damage to property (including, but not limited to Participant's musical instrument) I understand that this Agreement includes my or Participant's claims for personal injury, including death based in total or in part upon the negligent action or inaction of CCYO or Camp Innabah, its owners, officer, directors, shareholders, employees, lessors, insurers and agents.
4. I agree to indemnify, defend, and hold harmless CCYO and its officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of Participant any of Participant's legal representatives, heirs, successors, and assigns, relating to or arising from Participant's participation in the Program, including and without limitation to my child's injury, illness, and death as well as from any loss and/or damage to property (including, but not limited to, Participant's musical instrument).

5. I confirm that the Medical Emergency Form for Participant attached to the CCYO enrollment form is up to date and that the instruction thereon shall be followed in case of an emergency.
6. I understand that Participant's participation in the program will be terminated immediately if Participant violates the camp rules (including, but not limited to bringing to or drinking alcohol on camp grounds) and/or does not follow the CCYO chaperone's orders. I understand that in this case, I will have to pick up Participant immediately. I also understand and agree that the Participant is staying on the Camp Innabah premises during the Program and will remain on such premises unless escorted off premises by a CCYO chaperon. CCYO chaperones will be on premises at all times during the Program, but CCYO chaperones are not responsible for Participant or his/her actions if Participant leaves the premises without permission or escorts.
7. This Release applies to and binds my personal representatives, heirs and family. I further represent that I have complete and absolute authority to bind, contract for and legally act on behalf of Participant, and understand and agree that CCYO relies, to its detriment, upon this representation and would not allow Participant to participate in the Program without this representation. Should CCYO on anyone on its behalf be required to incur attorneys' fees and costs to enforce this Agreement, I agree to indemnify and hold harmless that party for all such fees and costs.
8. I understand that this Release is a contract. I as parent or guardian of Participant, sign it of my own free will. I also understand that this contract is severable; that if any part of it is held by a court of law to be unenforceable, the rest shall survive.

Emergency Contact information

Primary Contact name and relationship to Participant: _____

Phone 1: _____ Phone 2: _____

Alternative Contact name and relationship to Participant: _____

Phone 1: _____ Phone 2: _____

Signature: _____ **Date:** _____

Please complete the entire form, enclose check in the amount of \$50 (\$40 for each additional sibling) made payable to CCYO and return to a CCYO Board member.

(Due Date: April 30th, 2010)

Sorry, NO REFUNDS for cancellations after May 15th 2010. All refund requests must be in writing.

Thank You!

Check Number: _____ Amount: _____

Date: _____



Chester County Youth Orchestra
 P.O. Box 560 Downingtown, PA 19335
 Phone: 610 524-0943
 Information: www.ccyo.org

**Medical/Emergency Information Form
 Camp Innabah 2010**

Student Name: _____

Sex ____ Date of Birth _____

Student's Physician: _____ Phone No. _____

Student's Dentist: _____ Phone No. _____

List any ailments/medications medical personnel should be made aware of (allergies, heart condition, medications taken on a regular basis, etc.)

Date of last tetanus shot if known: _____

Health Insurance (you may staple a copy of the front and back of insurance card(s) to this form)

- Copy of insurance card(s) enclosed (front and back)
- Information recorded below

Name/address of **medical** insurance company:

_____ Insurance company phone no. _____

Name of Insured _____ ID Number _____

Name/address of **dental** insurance company:

_____ Insurance company phone no. _____

Name of Insured _____ ID Number _____

Name/address of **employer** (if group insurance):

_____ Employer phone no. _____

PLEASE COMPLETE BOTH SIDES OF FORM





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**First Aid/Emergency Treatment Authorization
 Camp Innabah 2010**

Student Name: _____

If we cannot contact either parent or guardian, please list two relatives or friends **who would have the authority** to advise us regarding your child:

Name _____ Relationship to student _____

Address _____ Phone _____

Name _____ Relationship to student _____

Address _____ Phone _____

If none of the above can be reached by phone, please indicate **WHAT YOU WANT US TO DO** in case your child is sick or injured:

- Call physician. (on other side of form) directly for instructions
- Take to nearest hospital

If **EMERGENCY TREATMENT** is required, the responsible parties of the Chester County Youth Orchestra have my permission to use their own judgement in seeking the most expedient professional care for my child

- Yes
- No

It is understood that the final disposition of any emergency will be the judgment of the responsible adults of the Chester County Youth Orchestra, with regard to the fullest possible extent to the recommendations of the parent/guardian stated above.

 Signature of Parent/Guardian Date

PLEASE COMPLETE BOTH SIDES OF FORM

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