



## CCYO Rehearsal Weekend at Camp Innabah

At the start of the fall season 2009/10, an overnight-camp for all CCYO students will take place at Camp Innabah ([www.innabah.org](http://www.innabah.org)). The camp is located about 20 mins. north of Lionville on Rt. 100.

The rehearsal camp will start Saturday, Sept. 19<sup>th</sup>, in the afternoon with check-in and end Sunday, Sept. 20<sup>th</sup>, in the afternoon. This is the tentative schedule:

### Saturday Sept. 19<sup>th</sup>:

- 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. 20<sup>th</sup>:

- 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. We should have enough room to accommodate all current students and new CCYO members plus the chaperones (CCYO board members & parent volunteers).

The fee for this overnight camp is \$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,

Stefan Menger  
President CCYO  
[stefan@menger.net](mailto:stefan@menger.net)



# CCYO Rehearsal at Camp Innabah Sept. 19<sup>th</sup>/20<sup>th</sup> 2009

## Signup Form

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

My son/daughter \_\_\_\_\_ ("Participant") will attend the CCYO Rehearsal Weekend at Camp Innabah on September 19-20<sup>th</sup>, 2009.

### **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 15<sup>th</sup>, 2009)

Sorry, NO REFUNDS for cancellations after April 30<sup>th</sup> 2009. 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 2009**

**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 2009**

**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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