

Please fill out the following if the registrant is 17 or younger

**Parental Authorization To Seek Medical Treatment
And Agreement To Pay For Services For:**

(Printed name of camp participant if under 18 years of age)

I understand that there are risks of physical injury while participating in camp activities. The Montana Old Time Fiddle Camp will do its best to minimize these risks. I understand that the Montana Old Time Fiddle Camp does not carry health insurance covering illness or injury for the participants in the program and I have included the name of my insurance company on this application.

I hereby authorize the staff or volunteers of the Montana Old Time Fiddle Camp to use their best judgement to obtain medical treatment for my child in any emergency. I hereby authorize any required medical services for my child, and agree to be responsible for the payment of those services.

Parent/Guardian Signature _____

Printed name of parent/guardian _____

Insurance _____

Group Number _____

Students 17 and under are required to be accompanied by a parent or legal guardian