Credo is designed to challenge and enrich dedicated music students in a caring and supportive environment. We intend to develop the gift of music, acknowledge the Source of the gift, and generate an attitude of service with the gift. Recognizing that each of us is on a developmental journey, Credo welcomes all students who wish to learn in an environment of honesty, trust and care.

By signing below, I agree to comply with the following expectations for my participation in Credo programs:

I will not have the following items in my room:
- Food (Credo will provide snacks)
- Open flames (candles, incense, cigarettes)
- Hot plates, coffee pots, other cooking equipment

Credo is smoke-free. I will not smoke in any College facilities or at any Credo activities. I understand that the dormitory is a strictly smoke-free facility, and smoking is not permitted in the dorm under any circumstances.

I will not bring alcohol or illegal drugs to Credo. I understand that the illegal use of alcohol or drugs will result in my immediate dismissal from Credo.

If I am currently using prescription or over-the-counter medications, I will inform the Credo staff.

I will use the College facilities with care. I understand that as a representative of Credo, I will respect people and property on all Credo trips.

I understand that an inspection of the dormitory facilities, including my room, will be made before camp and at check-out, and that I am financially responsible for any damage or excess need for cleaning.

I will use appropriate language, and I will dress and behave in a manner appropriate for the setting. I will accept what staff, faculty, and counselors determine to be “appropriate.”

I understand that the Credo Directors, teachers, counselors and staff reserve the right to confiscate any item which is considered inappropriate. Confiscated items will be returned to me when I check out at the close of camp.

I understand that in extreme cases, the Artistic Director or Residential Director may call my parents/guardians and remove me from camp. Travel costs will be my/my family’s responsibility.

Student Signature ____________________________ Date __________________
(required of all students)

Parent/Guardian Signature ____________________________ Date __________________
(for students under age 18)

PLEASE SIGN AND RETURN BY JUNE 1
BY MAIL: Credo Music, 65 E College St., Suite 7, Oberlin, OH 44074
BY EMAIL: office@credomusic.org
PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD

Name_________________________________________ Age__________ M / F
Parent/Guardian Name_________________________________________
Home Address/City/State/ZIP_____________________________________
Day Phone__________________ Night Phone___________ Cell Phone_____________________
Other Emergency Contact________________________________________
Relationship_________________________________ Phone________________
Physician Name____________________________________ Phone________________
Existing Medical Condition(s)?_______________________________
Allergies?____________________________________________________________________
Other Limitations?_________________________________________________________________
Current Medication____________________________________________ Dosage____________
For___________________________________________________________________________
OK to give pain reliever? (circle all that apply) Acetaminophen • Ibuprofen • Aleve • Aspirin
(Student MUST notify a Credo staff member before taking over-the-counter medications)
Eyeglasses?________ Contact Lenses?__________ Able to walk up/down stairs? ____________

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I authorize all official agents of Credo Chamber Music Association to permit emergency medical treatment for my child in my absence. I release Credo, Oberlin College, and designated adult chaperones and staff from liability in the case of an accident or medical emergency.

Signature________________________________________________________

Relationship to Child_____________________________________________
Child's Name____________________________________ Age__________
Height_________ Weight_________ Allergies____________________________________

INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

PLEASE SIGN AND RETURN BY JUNE 1
BY MAIL: Credo Music, 65 E College St., Suite 7, Oberlin, OH 44074
BY EMAIL: office@credomusic.org
In consideration for receiving permission to participate in Credo, I hereby release, waive and discharge and covenant not to sue SMI-Credo, its officers, employees, and any person or persons under its direction and control from, and waive any and all responsibility of expense (including costs and attorney's fees), loss or damage of any kind whatsoever imposed by law upon SMI-Credo for damages because of bodily injury, including death at any time resulting therefrom, arising out of or in consequence of the permission herein granted, provided such injury to persons or damage to property results from and is caused by the negligent or willful acts or omissions of the Participant, its officers, agents, employees, or any person or persons under its direct supervision and control.

______________________________  __________________________
Signature                                         Date

PLEASE SIGN AND RETURN BY JUNE 1
BY MAIL: Credo Music, 65 E College St., Suite 7, Oberlin, OH 44074
BY EMAIL: office@credomusic.org
SMI-CREDO

PHOTOGRAPHY RELEASE FORM

This form confirms the agreement between you and SMI-Credo regarding your participation in approved Credo activities in which you may be photographed or videotaped (the Property) from time to time.

In consideration for receiving permission to participate in Credo, I hereby irrevocably grant to SMI-Credo perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, internet and any other incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of me as a result of my participation in approved activities of Credo.

I hereby agree that I will not bring consent to others bringing claim or action against SMI-Credo on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release SMI-Credo, its directors, officers, successors and assign from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against SMI-Credo in connection with the Property.

This agreement shall not obligate SMI-Credo to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute, or exploit the Property in whole or in part, to any person, firm or corporation.

______________________________  ____________________
Signature                              Date

PLEASE SIGN AND RETURN BY JUNE 1
BY MAIL: Credo Music, 65 E College St., Suite 7, Oberlin, OH 44074
BY EMAIL: office@credomusic.org