

CHORISTER AGREEMENT

2020-2021

I have read the Program Handbook and understand everything that will be expected of me as a chorister/parent(s) of this organization.

_____ Student Name (Printed) _____ Date

_____ Student Signature _____ Date

_____ Parent/Guardian Signature _____ Date

_____ Parent/Guardian Signature _____ Date

Chorister's Street Address _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Please provide an emergency contact below. Emergency contact should be someone other than the parents/guardians.

Name: _____ Relationship: _____

Cell Phone Number: _____ Alt. Phone Number: _____

We look forward to making music with all of you this year!



GENERAL RELEASE

2020-2021

The undersigned acknowledges that the participant may incur personal injury or bodily damage while participating in Chorus activities, and acknowledges that Young Voices of Austin, its officers, directors, employees, agents, or any other parties volunteering on behalf of the Organization, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of YVA. The undersigned further acknowledges this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, being the legal guardian of _____
give my permission for him/her to participate in Young Voices of Austin sponsored activities.

Chorister's Birthday: _____

Parent / Guardian's Signature _____

Date _____

TRANSPORTATION RELEASE

I give permission for my son/daughter to be transported to and from Young Voices of Austin sponsored activities in an organization, rental, or private vehicle.

Initial _____

PERSONAL BELONGINGS RELEASE

I understand that YVA or its affiliate organizations are not responsible for personal belongings.

Initial _____



**PARENT/GUARDIAN
MEDIA RELEASE FORMS
2020-2021**

I, the undersigned parent, consent to my child, _____,
being photographed at any event or function relating to **Young Voices of Austin**.

I agree that **Young Voices of Austin** shall have the right, but not the obligation, to use my child's photograph, likeness, video, or audio on their website or on social media at any time and for any other purpose or materials the organization deems necessary. My child's surname will not be used with the photos.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



MEDICAL EMERGENCY SERVICES RELEASE

2020-2021

In the event that my minor child, _____, has need of medical attention, I do hereby give my permission for the Directors of Young Voices of Austin to seek such help, including emergency surgery if the particular medical emergency warrants. I understand that every effort will be made to contact me or my alternate responsible party prior to emergency surgical procedures, unless the particular situation does not allow due to the threat of loss of life.

I give my minor child full consent to attend the activities of Young Voices of Austin. It is my understanding that the Directors of YVA will take all necessary precautions to ensure the safety of my child. I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

Minor's name: _____

Parent/legal guardian name: _____

Alternate person to contact in case of emergency if parent can't be reached:

Name, Relationship/Phone: _____

Name, Relationship/Phone: _____

INSURANCE INFORMATION

[PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S INSURANCE CARD]

MEDICAL HISTORY/KNOWN ALLERGIES TO FOOD, DRUGS, BEE STINGS, ETC.

(If more space is needed please use back of sheet)

LIST ALL MEDICATIONS CURRENTLY TAKEN AND WHAT MEDICAL CONDITION IT IS TAKEN FOR:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____