

# Cantabella Children's Chorus

## Emergency Form 2016-2017

\*\*\* Please complete a separate emergency form for each child in the program. \*\*\*

### CHILD:

### Enrolled Class

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ CTC-1D CTC-1L CTC-1P  
Child lives with: Mother Father Both parents Other \_\_\_\_\_ CTC-2D CTC-2L CTC-2P  
Child's Home Address: \_\_\_\_\_ CTC-3D CTC-3L CTC-3P  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ CC-D CC-L JHC  
CH HC

### FATHER:

Name: \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_\_) \_\_\_\_\_  
Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_

### MOTHER:

Name: \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_\_) \_\_\_\_\_  
Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT:** Should an emergency arise during rehearsal and you cannot be reached, whom should we contact?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

### MEDICAL AUTHORIZATION; ASSUMPTION OF RISK; WAIVER OF LIABILITY; PHOTO RELEASE

#### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent/guardian of \_\_\_\_\_, a minor "Participant", do hereby authorize CANTABELLA CHILDREN'S CHORUS (hereafter referred to as "CCC") as agents for the undersigned in our absence, to consent to medical care. Should it be necessary, in the opinion of a staff member of CCC, to render first aid and assistance to Participant, I hereby grant permission to the staff of CCC to render such aid and assistance pursuant to the provisions of Section 25.8 of the California Civil code.

Participant's physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of subscriber: \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of insurance company: \_\_\_\_\_ Medical Alert: \_\_\_\_\_

Please list any allergies, medications, physical/mental disabilities or other aspects of your child's health of which we should be aware: \_\_\_\_\_

#### ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I AM AWARE THAT PARTICIPATING IN THE CHORUS (OR ANY OTHER PROGRAM OFFERED BY CCC) INVOLVES RISKS OF INJURY, AND I AM VOLUNTARILY PERMITTING PARTICIPANT TO PARTICIPATE IN THESE ACTIVITIES, WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO PARTICIPANT THAT MAY RESULT THEREFROM. I agree that CCC, its principals, directors, employees or agents will not be liable for any loss, accident, injury or illness incurred during any class or performance or while on the premises. By signing below, I confirm that Participant is in good health and has his/her doctor's approval to participate in class. In exchange for Participant being permitted by CCC to participate in these activities, I hereby agree that I will not make a claim against or sue CCC or any of its principals, directors, employees or agents for any damage resulting from the negligence or other acts, howsoever caused by an employee, director, employee or agent of CCC as a result of Participant's participation in any activity under the direction of CCC.

#### PHOTO RELEASE

I am aware that individual and group publicity photos and videos are taken, and in consideration for my Participant's participation, I hereby grant permission for my, or my Participant's likeness, to be used in CCC's publicity or advertising. I, on my own behalf and on behalf of Participant, assign and transfer to CCC all rights, including copyright rights, which I may have or Participant may have to this material.

**I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO ITS TERMS AND CONDITIONS.**

Print name of parent/legal guardian: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_