

Cantabella Children's Chorus

Emergency Form 2018-2019

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

CHILD:

Enrolled Class

Last Name _____			First Name _____		CTC-1LF	CTC-1SR	CTC-1LV	CTC-1PL
Child lives with:	Mother	Father	Both parents	Other _____	CTC-2LF	CTC-2SR	CTC-2LV	CTC-2PL
Child's Home Address: _____					CTC-3LF	CTC-3SR	CTC-3LV	CTC-3PL
_____					CC-LF	CC-SR	CC-LV	CC-PL
Phone: _____	School: _____	Grade: _____		CH-LF	CH-LV	HC	Camp	

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 dietary restrictions, 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: _____