

ANNUAL ACYC MEDICAL/WAIVER FORM

DATE _____

Singer's Name:	Choir:
Parent(s)/Guardian(s) Names:	Home Phone Number:
	Work Phone Number:
Parent(s)/Guardian(s) Address (please include street, apt. #, city, zip code):	Cell Phone Numbers:
Emergency Alternate Contact:	Home Number:
Relationship to Singer:	Cell Number:
Name of Physician/Medical Group:	Cell Phone Number:
Hospital preference:	Physician's Phone Number:
Name of Insurance Company:	Policy Number
Please list any special health problems, allergies, learning disabilities or other related info we should know:	Swimming Proficiency:
Please list any medications being taken:	
During event or tour, medications are to be administered by (please circle):	
	Singer Chaperone
Diet Requirements:	
<p>Release of Liability I hereby allow my child named above, to participate in the Angelica Cantanti Youth Choirs (ACYC) program. I hereby release and discharge ACYC and its regents, officers, employees, agents, successors and assigns, on behalf of myself and my legal representatives, heirs, successors, and assigns, from any and all claims, liabilities, and costs which I or any of my legal representatives, heirs, successors, and assigns may have claim to, have relating to, or arising from my child/ward's injury, illness, or death. I agree to indemnify, defend, and hold harmless ACYC and its regents, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/ward or any of my child/ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/ward's participation in this program, including and without limitation to my child/ward's injury, illness, and death.</p> <p>First Aid and Emergency Medical Treatment In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named above, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of ACYC immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release ACYC, their employees, and agents from any claim of liability in connection therewith. I give permission for dispensing of over the counter medicines (i.e., Tylenol, Tums, Ibuprofen, etc.) as deemed necessary by the Angelica Cantanti staff or the designated medical personnel.</p> <p>Photo Release permission By signing below, I give permission and consent to allow images and interviews of my child above to be taken during Angelica Cantanti events and that such images or interviews may only be used for marketing purposes to promote ACYC.</p>	
Parent/Guardian Signature	Date

If you do not want your child's image used for any publicity/marketing purposes, you must notify the Choir Manager in writing. (Send a letter to Andrea Dittmer, Angelica Cantanti Youth Choirs, 1800 W. Old Shakopee Road, Bloomington, MN, 55431.)