2015-2016 Medical/Waiver Release Form

ANGELICA CANTANTI YOUTH CHOIRS

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 Number (s) :**
	Primary Email Address:
Emergency Alternate Contact:	**Home Phone Number:**
Relationship to Singer:	**Cell Phone Number:**
Name of Physician/Medical Group:	**Physician's Phone Number:**
Hospital preference:	
Name of Insurance Company:	**Policy Number:**
Please list any special health problems, allergies, learning disabilities, or other related information 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** ***Be sure all medications are clearly labeled with singer's name and dosage instructions.**	
Diet Requirements:	

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/war's participation in this program, including and without limitation to my child/ward's injury, illness, and death.

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 ACYC staff or the designated medical personnel.

Photo/Audio Release Waiver
By signing below, I give permission and consent to allow images, pictures, and/or audio recordings of my child named above to be taken during ACYC events, and that such images or interviews may only be used for marketing purposes to promote ACYC. (Note: ACYC will never identify a singer by name, address, phone number, or with any other personal identification information.)

Parent/Guardian Signature	**Date**