

2025/26

Emergency Authorization & Liability Release 8/25

CONFIDENTIAL



Complete this form and turn into the Angelica office before the start of the choir season.

Singer Name:	Choir:
Parent(s)/Guardian(s) Names:	All Cell phone number (s):
	Work Phone Number: (For emergency only)
Parent(s)/Guardian(s) full address:	Home phone number if applicable:
	Primary Email Address:
Emergency Alternate Contact Name:	Cell Phone Number:
Relationship to Singer:	#2 Cell Phone Number if available:
To help us best support your child, please share any important health, behavioral, or educational information (such as allergies, medical conditions, medications, special dietary needs, or school accommodations like an IEP or 504 Plan). This information is kept confidential and will only be shared with staff as needed to support your child's safety and success in our program.	
Please list any medications being taken that would be necessary for us to know in the event of an emergency:	
Participation & Liability Release I give permission for my child, named above, to participate in the Angelica Cantanti Youth Choirs (ACYC) program. In consideration of my child's participation, I, on behalf of myself, my child, and our legal representatives, heirs, successors, and assigns, hereby release and discharge ACYC, its board members, officers, employees, volunteers, agents, successors, and assigns from any and all claims, liabilities, or costs that may arise from or relate to my child's participation, including but not limited to injury, illness, or death. I further agree to indemnify, defend, and hold harmless ACYC, its board members, officers, employees, volunteers, agents, successors, and assigns from any claims, liabilities, or costs asserted by or on behalf of my child or their legal representatives, heirs, successors, and assigns, in connection with participation in ACYC activities	
Medical Authorization & Release In the event that my child becomes ill or injured and I cannot be reached right away, I authorize the staff of Angelica Cantanti Youth Choirs (ACYC) to seek emergency medical care as they determine necessary. This may include transporting my child (with proper supervision) to the nearest accessible hospital or physician. I release ACYC, its staff, and agents from any liability in connection with such emergency care. I also give permission for ACYC staff or designated medical personnel to provide over-the-counter medications (such as Tylenol, Ibuprofen, or Tums) as needed, unless I have indicated otherwise above.	
Photo/Audio/Video Release I give permission for my child to be photographed, videotaped, and/or audio recorded during Angelica Cantanti Youth Choirs (ACYC) activities. These images, recordings, and interviews may be used to promote ACYC in print, digital, or online media. My child's name may be included only with my permission.	
Parent/Guardian Signature:	Date: