

2022/23 Season

Emergency Information, Permission and Liability Form 8/22

CONFIDENTIAL



Please complete this form and turn into ACYC before the start of the class.

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 better assist your child, please share with us any helpful information we should know about his/her health and behavior, including allergies or other medical conditions, and any special dietary requirements:	
Please list any medications being taken that would be necessary for us to know in the event of an emergency:	
When a parent is not available, medications may be administered by (please circle): <p style="text-align: right;">Singer Staff/Chaperone</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.	
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/Video Release Waiver I give permission to allow pictures, video, and/or audio recordings of my child named above to be taken during ACYC events, and that such images, interviews and recordings will only be used to promote the ACYC organization. If I do not grant permission, I will send a letter in writing to the Angelica organization at the address below.	
Parent/Guardian Signature:	Date: