



INFORMATION FORM

COMPLETE ONE FORM PER SINGER AFTER AUDITION/ACCEPTANCE WITH PAYMENT TO:
AUGUSTA YOUTH CHORALE, 4201 SOUTHERN PINES DR., EVANS, GA 30809

OFFICE USE ONLY

Date	/	/	
S	A	T	B

Student Information

First Name: _____ Last Name: _____ Age: _____ Grade: _____

Birthday (mm/dd/yy): _____ Height (ft/in.): _____ T-Shirt Size (Adult): Small Med Large XL XXL

Other Music Experience (Lessons, church choir, school choir, etc.): _____

How did you hear about the AYC? _____

School Name: _____ Church Name: _____

Family Information

Parent/Guardian #1

First Name: _____ Last Name: _____

Relationship to Singer: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Preferred Phone: () _____

Additional Phone: () _____

Email: _____

Parental Involvement

How do you want to help us? (check all that apply)

- Rehearsal Assistant Refreshments
- Transportation Event Coordinator
- Publicity Accompanist (piano)
- Concert Usher Fundraising/Grant Writing
- Concert Attire Other: _____

Parent/Guardian #2 (Optional)

First Name: _____ Last Name: _____

Relationship to Singer: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Preferred Phone: () _____

Additional Phone: () _____

Email: _____

Parental Involvement

How do you want to help us? (check all that apply)

- Rehearsal Assistant Refreshments
- Transportation Event Coordinator
- Publicity Accompanist (piano)
- Concert Usher Fundraising/Grant Writing
- Concert Attire Other: _____

AYC Code of Conduct

I, (singer's name) _____, promise to conduct myself in an appropriate manner, being respectful to my director and fellow members. I understand that if I cannot conduct myself appropriately, I may be asked to leave the Augusta Youth Chorale without refund of fees. By signing below, both Student and Parent understand, agree with, and choose to abide by this policy.

Singer's Signature _____ Date _____ Parent's Signature _____ Date _____

The Augusta Youth Chorale, Inc.

Emergency Medical Release and Liability Waiver

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE TYPE OR PRINT.

**NOTE: Page 3 requires
Notary Public.**

Participant's Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____
Cell Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____
Cell Phone (____) _____

In an emergency when parent / guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Bus Phone (____) _____
Cell Phone (____) _____

Name _____ Home Phone (____) _____ Bus Phone (____) _____
Cell Phone (____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone (____) _____ Bus Phone (____) _____

Medical / Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or Cardio-Vascular Problems / Disease |
| <input type="checkbox"/> Convulsions / Seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Other condition(s): | (Please list) _____ |

Allergies or reactions: (Check all that apply.)

- | | | | | | |
|---|---|---|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> Insect Bites or Stings | <input type="checkbox"/> Ivy / Oak / Sumac Toxins | <input type="checkbox"/> Other (list) _____ | | | |

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition / ailment, name of medication, dosage, time(s) of day, prescribing physician, etc.)

Date of last tetanus shot (approximate if necessary): _____

Liability Waiver

This Liability Waiver must be completed before participation in any Augusta Youth Chorale travel event.

Participant's Name: _____

I, the undersigned parent / guardian of the above listed minor participant, acknowledge that each participant will be engaging in activities that may involve risk of serious injury, including permanent disability or death, as well as severe social and economic losses which might follow from their own actions, inactions, negligence, as well as the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. I am further aware that there may be other unknown risks not reasonably foreseeable at this time, and that "accidents" do happen. Accordingly, I, as parent / guardian of the minor participant listed above, **do hereby fully release and discharge The Augusta Youth Chorale, Inc.**, including but not limited to its Director, Board Members, Chaperones, and agents from any liability to each of the undersigned, his heirs, next of kin, and assigns from any liability, as well as any and all claims which could be made by or on behalf of the participant, as well as covenanting not to sue as well as to hold The Augusta Youth Chorale, Inc. and Christ Church, Presbyterian, Evans, Georgia, harmless in connection with any claim for injury that might occur while a participant. This release of liability, covenant not to sue, and hold harmless provision also extends to any injuries received while being transported to and from the event named in this form.

It is further acknowledged and understood that the participant has received a physical examination by a physician within _____ **days / months** (circle one) of signing this waiver, and has been found physically capable of participating in the event for which permission is being given.

It is further acknowledged and understood that by signing this waiver and release of liability, covenant not to sue, and hold harmless agreement that I the undersigned parent / guardian am giving up substantial legal rights, and that I have read this document, I understand same, and am freely and voluntarily giving up these rights by my signature below.

Executed this _____ day of _____, 20____.

Parent / Guardian printed name : _____

Parent / Guardian Signature: _____

Emergency Medical Treatment Authorization
This Authorization form must be completed before participation in
any Augusta Youth Chorale travel event.

I, the undersigned parent / guardian of the above listed minor participant, acknowledge that each participant will be engaging in activities that may involve risk of serious injury, including permanent disability or death, and that immediate medical treatment and intervention may be required should such an injury occur.

By my signature below, I hereby **grant a full temporary Medical Power of Attorney** to the Director and Chaperones of The Augusta Youth Chorale, Inc., and authorize said person(s) to perform any and all acts necessary to obtain and secure medical treatment for my minor child as if I were present, including treatment by paramedics, medical evacuations of all types as deemed medically necessary, and diagnostic procedures deemed medically necessary, surgeries if determined by a duly licensed medical doctor to be medically necessary, as well as hospitalization in connection with any of the aforementioned procedures.

I hereby expressly hold harmless The Augusta Youth Chorale, Inc., and Christ Church, Presbyterian, Evans, Georgia, including any of their employees, officers, chaperones, or agents, concerning the obtaining of emergency medical treatment for my child of which I am the parent or legal guardian, as well as waiving any legal cause of action I may have against The Augusta Youth Chorale, Inc., and Christ Church, Presbyterian, Evans, Georgia in connection with their procuring said emergency medical services.

I further understand that The Augusta Youth Chorale, Inc., nor Christ Church, Presbyterian, Evans, Georgia, are not financially responsible for the payment of any item of emergency medical services for which this authorization is granted, and that as the parent / guardian I am financially responsible for same.

This Medical Power of Attorney shall be valid through December 31, 20____.

Executed this _____ day of _____, 20____.

Parent / Guardian printed name : _____

Parent / Guardian Signature: _____

Sworn to before the undersigned Notary for the State of _____, this
_____ day of _____, 20____.

Notary Public

My commission expires _____

NOTE: Attach a copy of your insurance card, front and back, to expedite treatment. Thank You!



PHOTO/VIDEO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant the Augusta Youth Chorale permission to use my child's (Children's) likeness in a photograph in any and all of its publications, including but not limited to all of the Augusta Youth Chorale's printed and digital publications. I understand and agree that any photograph using my likeness will become property of the Augusta Youth Chorale and will not be returned.

I acknowledge that since my participation with the Augusta Youth Chorale is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize the Augusta Youth Chorale to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Augusta Youth Chorale's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Augusta Youth Chorale from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature: _____

Signature: _____
Signature of guardian if under 18 years of age

Child(rens) Name:
