



ACC Registration

Parental Permission and Medical Release Form

IN AN EFFORT TO FULLY PROTECT ALL CHILDREN PARTICIPATING IN THE ACTIVITIES AND PROGRAMS OF THE ACADEMY FOR THE PERFORMING ARTS, INC., & ATLANTIC CHILDREN'S CHORALE, THIS FORM MUST BE COMPLETED AND SIGNED BY AUTHORIZED PARENT(S) OR LEGAL GUARDIAN(S) OF ANY MINOR CHILDREN, PRIOR TO THE CHILD'S PARTICIPATION IN THE ACTIVITIES. APA/ACC STAFF AND VOLUNTEER LEADERSHIP WILL TREAT ALL INFORMATION PROVIDED CONFIDENTIALLY.

Personal Information

Parent / Guardian Name:			CHILD'S Full Name:	
			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:			Date of Birth:	Age:
City	State	Zip	Home Phone #	Cell #
Best Phone No. to Reach You during daytime hours:			2 nd CHILD'S Full Name:	
			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Email:			Date of Birth:	Age:
Does child play an instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:				
Involved in another choral group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:				
School:		Grade:	Music Teacher:	
Parents – Please check areas you are willing to help. Scholarship student/families must volunteer.				
<input type="checkbox"/> Choir Mom – assist with rehearsal / programs & other activities during the year				
<input type="checkbox"/> Robe & Uniform Maintenance		<input type="checkbox"/> Special Events (Concerts, run outs)		
<input type="checkbox"/> Fundraising Committee		<input type="checkbox"/> Choir Tour Committee		
Emergency Contact. In the event of an emergency & Parent / Guardian cannot be reached, these contacts are familiar with child & may be called:				
Alternate 1:		Relationship		
Home Phone #:		Work:	Cell #:	
Alternate 2:		Relationship		
Home Phone #:		Work:	Cell #:	
Health Information				
Known medical or health conditions effecting the child's participation in camp activities:				
Activities this child should be restricted from:				
Medications and dosages this child takes regularly:				
Allergies to Medications, foods, insects or plants:				

Date of last Tetanus Shot:	Does your child wear? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
Name of Child's Physician:	Phone #
Name of Child's Dentist:	Phone #
Name of Preferred Hospital:	City / State:

Health Insurance – Attach copy of card to registration form

Insurance Company:	Phone #
Address:	City / State / Zip
Policy #:	Group #
Policy Subscriber:	Employer:

PLEASE READ THE FOLLOWING CONSENT AGREEMENTS CAREFULLY AND INITIAL EACH SECTION. SIGNATURES AS TO THE AUTHENTICITY OF YOUR HAVING COMPLETED THIS FORM ARE REQUIRED AT THE BOTTOM OF THE FORM. Academy for the Performing Arts is referred to as APA from this point forward.

Consent for Participation

I/We the undersigned, having legal custody of the above named minor, give consent for him / her to attend and participate in events, programs and activities of the APA and acknowledge and accept the risks of physical injury associated with such participation. I / We hereby release APA and its representatives, staff, board members and/or agents from any and all liability for any loss, injury or damage to person or property that may occur during the course of my child's involvement.

Agreed: (initial)

Medical Consent

In the event the above mentioned child becomes ill or is injured during an activity of the APA, I understand a representative to take one or more of the following steps as they deem necessary: 1) render first aid; 2) call 911 for medical assistance; 3) permit medical or surgical diagnosis and treatment as deemed appropriate by a recognized health care professional.

Furthermore, I / we agree to hold harmless APA and its representatives, staff, board members and / or agents free and harmless from any and all claims, demands, law suits, fees, court costs and other sums for damages arising from the giving of such consent and from any action of my child against any person.

I / We also agree that I / we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider and I / we affirm the health insurance information provided on this sheet is accurate and will remain in force for the minor named above.

Agreed: (initial)

Photography Consent

From time to time still and video photography is made during APA activities and used in the seeking of grant funding, and promotional and historical documentation. I / We hereby grant permission the above mentioned minor may be included in photography of APA activities. I / We hereby irrevocably grant to APA, the right to use these photographic images as a result of the above mentioned minor's participation in approved activities of APA.

Agreed: (initial)

I / WE, PARENT (S) / LEGAL GUARDIAN (S) OF THE ABOVE SPECIFIED MINOR, DO HEREBY ATTEST THAT I / WE HOLD LEGAL CUSTODY OF THIS CHILD AND DO HEREBY AGREE AND CONSENT AS INITIALED ABOVE AND AGREE THAT ELECTRONIC TRANSMISSION OF TYPED SIGNATURE ON THIS FORM IS INTENDED AND ACCEPTED AS ORIGINAL. TO THE BEST OF MY / OUR KNOWLEDGE, I / WE HAVE LISTED ALL OF OUR CHILD'S ALLERGIES, MEDICAL CONDITIONS, MEDICINES AND OTHER PERTINENT INFORMATION SIGNIFICANT TO MY CHILD'S PARTICIPATION IN ACTIVITIES AT THE ACADEMY FOR THE PERFORMING ARTS, INC. I FURTHERMORE UNDERSTAND THIS AUTHORIZATION SHALL CONTINUE UNTIL REVOKED OR CHANGED BY ME / US IN WRITING AND DELIVERED TO THE OFFICE OF THE ACADEMY FOR THE PERFORMING ARTS, IN. AND I / WE THEREBY AGREE TO MAKE SUCH CHANGES / REVOCATION IN A TIMELY MANNER.

The Florida Department of Health and Rehabilitative Services requires us to keep the name and address of persons authorized to take your child from our campus on file. Please list below those persons whom you may ask in emergencies to pick up you child at camp. (Grandparents, neighbors, friends). Written notice only will be accepted for any change to those listed in order for release of your child.

Also list PARENTS to pick up child.

NAME	ADDRESS	PHONE	CELL

Parent / Guardian Signature	Date
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