



HAMILTON-GIBSON PRODUCTIONS

Community Performing Arts

HAMILTON-GIBSON CHOIRS

Registration for Year _____

Child's Name _____ Phone _____

Address _____ if new check box

City _____ State _____ Zip _____

Email of Child: _____ Chorister Cell (if applicable): _____

Email of Primary Parent: _____

Choir _____ Sex: M _____ F _____ Birthday _____ Age _____ T-Shirt Size _____

Lives with: Mother _____ Father _____ Both _____ Other _____ Specify: _____

School _____ Grade in Fall _____ County _____

FATHER'S INFORMATION

Name _____

Address _____

City _____ Zip _____

Email address _____

Employer _____

Occupation _____

Phone:
Work _____

Home _____

Cell _____

MOTHER'S INFORMATION

Name _____

Address _____

City _____ Zip _____

Email address _____

Employer _____

Occupation _____

Work _____

Home _____

Cell _____

Who is responsible for your child's tuition?

Mother__Father__Both__Other__

If other, please specify: _____

_____ I would like to request a scholarship.

Hamilton-Gibson Choirs Emergency Contact form Date _____

EMERGENCY INFORMATION: If parents cannot be reached, please notify: (please list two)

Name _____ Phone _____

Name _____ Phone _____

Physician Name _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Carrier _____ Group or ID # _____

Allergies (if none, please write NONE): _____

Please list any special health (physical/mental/emotional) problems and/or all medications currently being used:

MEDICAL RELEASE:

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 the emergency, and if in the judgment of the staff of the HGC immediate observation and/or treatment is necessary, I hereby authorize and direct the staff of the HGC to send my child (properly accompanied) to the hospital or physician most easily accessible. Further, I release the HGC and their employees and agents from any and all claims in connection therewith.

Signature of Parent or Guardian _____ Date: _____

In the event that this choir member lives with a person other than his/her mother or father, please complete the following:

Name _____ Phone _____

Relationship _____

Yes No In case of medical or surgical emergency, if I am not present or able to be contacted, I hereby give my permission to the physician selected by the HGC chaperones to provide whatever emergency medical or surgical treatment is necessary.

Dietary Restrictions (circle): Vegetarian Diabetic Food allergy (list below) Religious
Please list other restriction or give additional information regarding restriction: _____

Parent /Guardian Signature Date Parent / Guardian Signature Date

Yes No In case of medical or surgical emergency, if I am not present or able to be contacted, I hereby give my permission to the physician selected by the HGC chaperones to provide whatever emergency medical or surgical treatment is necessary.

Parent/Guardian Signature

Mail payments to Hamilton-Gibson Choirs
29 Water Street
Wellsboro, PA 16901

ALL CHOIRSTERS AND PARENTS MUST SIGN THIS SECTION

CONTRACT OF COMMITMENT TO ACC

If my child is accepted into the Hamilton-Gibson Choir program, our family promises to faithfully attend all rehearsals and performances of HGC. Only then can the high standards, which HGC has reached, be maintained. **All rehearsals are required.** All performances are **mandatory.** Concert and rehearsal schedules are given out in advance and family and school planning should be arranged to accommodate the schedule. It is expected that rehearsal and performances take a **very high priority** in each child's life. We realize unnecessarily missing rehearsals will jeopardize our child's chances of remaining in the HG Choirs for the current season.

We further understand that our child is making a one-year commitment to the Hamilton-Gibson Choir program and agrees to participate for the entire designated season. We, as parents, understand we are making a financial commitment for the entire amount of the tuition for the entire season – **even if my child should decide NOT to complete the season.**

Parent/Guardian Signature

Date

Chorister Signature

Yes No In case of medical or surgical emergency, if I am not present or able to be contacted, I hereby give my permission to the physician selected by the Appalachian Children's Chorus chaperones to provide whatever emergency medical or surgical treatment is necessary.

Dietary Restrictions (circle): Vegetarian Diabetic Food allergy (list below) Religious

Please list other restriction or give additional information regarding restriction: _____

Parent /Guardian Signature

Date

Parent / Guardian Signature

Dat

HAMILTON-GIBSON CHOIRS
CONSENT FOR ADMINISTRATION OF APPROVED DISCRETIONARY MEDICATIONS
Date _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

I hereby give permission for my child _____ to receive any Medication listed below on this form as deemed necessary by the HGC staff. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medication may be used in place of more expensive brand-name items.

Please check any medication you wish to be made available to your child:

For Headache/Fever/
Earache/Muscle Aches/
Pain/ Menstrual Cramps

____ Acetaminophen
(Like Tylenol)

____ Ibuprofen
(Like Advil)

For Mild Allergic Reactions _____

____ Diphenhydramine

I understand that the above medication I have checked will be administered by an HGC approved adult.

Signature of Parent/Guardian _____ Date

Home Phone: _____ Work/Emergency: _____

CHORISTER NAME: _____

HAMILTON-GIBSON CHOIRS
TRAVEL, ACTIVITIES & PHOTO
RELEASE Date _____

The safety and well-being of your child is of paramount importance to HGC and their agents, employees, directors, volunteers, chaperones and associates. All reasonable care and precautions are taken to ensure a safe educational and entertaining experience. This release is both a requirement of insurance coverage and an important reminder to you as a parent to be sure that your child is properly prepared.

I understand that my child will not be permitted to participate in an HGC concert, trip or activity until this document is signed and returned to the HGC staff.

Read it carefully and sign below.

My son/daughter, _____, has my permission to participate in all HGC concerts, trips and activities during the current season. I agree to wave any claim or action against the Hamilton-Gibson Productions/Choirs or any of their agents, employees, directors, volunteers, chaperones, associates or other persons associated with the HGC for any damages to personal property or physical injury.

My son/daughter's participation in the performance, tour, concert or activity is purely voluntary and I elect to have him/her do so at my own risk.

I hereby acknowledge that I have voluntarily applied for my son/daughter to participate in the performance, tour, concert or activity being conducted by HGC. I recognize the element of risk in any travel activity associated with the distance and locations that HGC intends to visit. I am fully aware of the risks inherent in airplane and bus travel and touring activities. I understand that during the activity in which my son/daughter is participating with HGC and their agents, employees, directors, volunteers, chaperones and associates that certain risks can include, but are not limited to loss of or damage to personal property, injury or fatality, accident or illness.

In consideration for HGC allowing my child to participate in this activity, I voluntarily agree to release, discharge, and hold harmless HGC and their agents, employees, directors, volunteers, chaperones and associates for any and all claims of liability arising out of any act or omission which causes the tour member illness, injury, death or damages of any nature in any way connected with HGC, their agents, employees, directors, volunteers, chaperones and associates.

I certify that my son/daughter has the necessary skills and abilities to participate in the activity and I assume full responsibility for bodily injury, and loss of personal property and expenses thereof as a result of my son's/daughter's negligence in participating in this event. I also agree to instruct my son/daughter to abide by the rules of instructions given to them either verbally or in writing by HGC. I further understand that HGC reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in the activity or trip.

I further certify that my son/daughter is in sufficient physical condition to participate in the activity and trip. I have read, understand and accept the terms and conditions stated above and acknowledge that this agreement shall be effective and binding upon me and my son/daughter during the entire period of my son's/daughter's participation in this activity or trip.

I hereby agree that HGC may use video, photographic or audio records of this activity for its promotional and/or commercial use.

My son/daughter has read this document with me and we understand the risks involved in participating in the activities associated with membership in HGC.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHORISTER SIGNATURE _____ DATE _____