



# HCCA Youth / Treble / Children's / Young Singers

## Medical Release and Media Waiver

*Please PRINT clearly!*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Medical Release

In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the Huntsville Community Chorus Association immediate emergency 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 the Huntsville Community Chorus Association, their employees, and agents from any claim of liability in connection therewith.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Choice of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

List any special health issues, allergies and learning disabilities: \_\_\_\_\_

List any medications being taken: \_\_\_\_\_

Emergency Contacts if Parent/Guardian cannot be reached (please list two!)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

### Media Waiver

This waiver gives my permission for the use of name, images, pictures and recordings of my child by the Huntsville Community Chorus Association in printed and social media marketing.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_