



HAMILTON-GIBSON PRODUCTIONS

Community Performing Arts

29 WATER STREET • WELLSBORO, PA 16901

RESERVATIONS: 570-724-2079 • EMAIL: HAMGIB@GMAIL.COM • WEB: WWW.HAMILTONGIBSON.ORG

HAMILTON-GIBSON CHOIRS Registration for School Year(s) 20__ - 20__

Child's Name (Please type or print): _____

Address: _____ City: _____

State: _____ Zip: _____ Choir: _____ Sex : Male Female

Birthdate: __/__/____ Age: ____ T-Shirt Size: (Circle) YS YM YL YXL AS AM AL AXL 2XL

Email of custodial parent(s)/ Legal Guardian: _____

School: _____ Grade in Fall: _____ County: _____

Parent/Guardian1 – Relationship: _____ Parent/Guardian 2 – Relationship: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Email Address: _____ Email Address: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Phone numbers:

Work: _____ Work: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Singer's email and phone, if applicable: _____

Photographic Consent & Release

I hereby consent and agree that Hamilton-Gibson Choirs (HG) has the right to take or use photographs of me (and/or my child) and to use these in any marketing materials to promote choirs' activities including print, media, or online.

I hereby release to HG all rights to exhibit this work in print and electronic form. I agree that any uses described herein may be made without compensation or additional consideration.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am legally responsible to execute this agreement.

Signature: _____ Date: _____

Parent/Guardian name & relationship: _____

Hamilton-Gibson Choirs Emergency Contact

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 (Medications and foods/reactions/treatment) if none, please write NONE:

Dietary Restrictions (circle): Vegetarian Diabetic Religious

Please list other restriction or give additional information regarding restriction:

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.

In case of medical 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 treatment is necessary.

(circle) **Yes** **No**

Parent /Guardian Signature

Date

Parent / Guardian Signature

Date

In the event that this choir member lives with a person other than his/her custodial parent(s) please complete the following:

Name _____ Phone _____ Relationship: _____

(If not the parent, please provide custody or court orders granting legal authority to sign)