

Performers Forms

Performer Contact Information



_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			
_____ e-mail:		_____ e-mail:			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

_____ Hospital/Clinic Preference	
_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Name (print)	_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Name (print)	_____ Parent's/Guardian's Signature	_____ Date
_____ Witness Name (print)	_____ Witness Signature	_____ Date

 Media Release



As an active participant in an Autumn's Treble Makers program, it is inevitable that your child will be photographed, videotaped, and/or audiotaped. It would be near impossible to edit our video performances to exclude certain performers. Therefore every performer must return a media release.

I permit my child, _____ (print) to participate in the Autumn's Treble Makers program. The after school music program and summer camps are run and directed by Autumn Bourg. Rehearsals and concerts may be captured on video and still photography. I understand the images and video may be used in print publications, online publications, presentations, websites, and social media. I understand that no royalty, fee, or other compensation shall become payable to Autumn's Treble Makers for use of images.

I permit my child's image(s) to be used in all broadcasts and promotion related to Autumn Bourg's business. Autumn's Treble Makers owns copyright to all professionally made images and videos. I will not hold Autumn's Treble Makers staff, faculty, and agents responsible for any misrepresentation (mechanical reproductions, optical illusions, or distortions that I may consider inappropriate).

Parent's/Guardian's Name (print) Parent's/Guardian's Signature Date

Student's Name (print) Student's Signature Date