

Participant Information Form (This form is REQUIRED from every person attending the 2026 Festival.) These forms MUST be received in the ACC Office by February 1, 2026.

Category: (Circle one)	one) Chorister Cha		perone Ch		oir Staff	ff Other Traveler/Family		
Name(as you would like it or	n your name tag	;):						
Home Address:St	reet				City	State	Zip	
Chaperone/Staff/Parent/Othe	r email:							
Chorister email:								
Iome Phone:			Chaperon	ne/Staff/Pare	ent /Other C	ell Phone:		
Γ-shirt size (circle one):	Youth:	XS(4)	S(6-8)	M(10-12)	L(14-16)			
	Adult:	S	М	L	XL	XXL		
CHORISTER ONLY: Bir	Height:			<u>Vocal Part</u> (circle one): SI SII Alto <u>In 2-parts</u> (circle one): Soprano Alto				
All Participants: Please indi	cate if you have	e <u>dietary</u>	restrictio	ns OR reque	ests (e.g. veg	getarian, allergies, etc):		
EMERGENCY CONTACT	INFORMAT	ION						
Name: First	Relationship to participant:							
Address:Street				City		State	Zip	
Home Phone:	le:				Work/Cell Phone(1):			
Work/Cell Phone(2):								
				CAL RELI	EASE:			

In the unlikely event that my child becomes ill or is injured and I cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff of the Appalachian Children's Chorus immediate observation and/or treatment is necessary, I hereby authorize and direct the staff of the ACC to send my child (properly accompanied) to the hospital or physician most easily accessible. Further, I release the ACC and their employees and agents from any and all claims in connection therewith.

IN FULL UNDERSTANDING OF THE ABOVE STATEMENT, I SIGN BELOW:

Signature of Parent or Guardian: _____ Date: _____