



Participant Information Form

(This form is REQUIRED from every person attending the 2024 Festival.)

These forms MUST be received in the ACC Office by February 1, 2024.

Category: (Circle one) Chorister Chaperone Choir Staff Other Traveler/Family

Name(as you would like it on your name tag): _____

Home Address: _____
Street City State Zip

Chaperone/Staff/Parent/Other email: _____

Chorister email: _____

Home Phone: _____ Chaperone/Staff/Parent /Other Cell Phone: _____

T-shirt size (circle one): Youth: XS(4) S(6-8) M(10-12) L(14-16)
Adult: S M L XL XXL

CHORISTER ONLY: Birthdate: _____ Height: _____
Vocal Part (circle one): SI SII Alto
In 2-parts (circle one): Soprano Alto
In 4-parts (circle one): S A T B

All Participants: Please indicate if you have dietary restrictions OR requests (e.g. vegetarian, allergies, etc): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to participant: _____
First Last

Address: _____
Street City State Zip

Home Phone: _____ Work/Cell Phone(1): _____

Work/Cell Phone(2): _____

MEDICAL RELEASE:

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: _____