

Acappellooza Registration Form

Participant's Name: _____

Address: _____

Telephone: _____

Email: _____

Age: (must be between the ages of 10 and 18 years) _____

Food allergies or Health concerns: _____

Name of Parent/ Guardian: _____

Parent/Guardian email address: _____

Emergency telephone number: _____

Consent form

I hereby give consent for my child, _____
to participate in the Acappellooza workshop and performance at The Lord Dufferin
Centre on Saturday, June 1, 2019. Consenting to my child's participation, I acknowledge
my understanding that Orangeville Show Chorus, Sweet Adelines International and its
members cannot be held responsible in the absence of its own negligence for events
over which it has no control, or for the acts or omissions of persons or agencies which it
does not directly control.

Parent/Guardian signature: _____

_____ I give permission to Orangeville Show Chorus to include my child in photos of
this event.

_____ I do not give permission to Orangeville Chorus to include my child in photos of
this event.