**PARENT CONSENT FORM**

For Prospective Members under 18 Years of Age

SONG OF SONOMA CHORUS  
Of Sweet Adelines International  
Santa Rosa, California

I HEREBY GIVE MY PERMISSION AND ACCEPT FULL AND COMPLETE  
RESPONSIBILITY FOR MY DAUGHTER’S ACTIONS PER THE FOLLOWING:

1. I agree to accept responsibility to arrange for my daughter’s transportation to  
   and from all Sweet Adeline International functions, including rehearsals and  
   performances, as well as all other local, regional, and international functions  
   she attends.
2. I agree that at least one parent or chaperone\* will accompany my daughter to  
   all Sweet Adeline International overnight functions and any activity outside  
   the Chorus’s membership drawing area.
3. I shall maintain legal and financial responsibility for my daughter’s activities  
   during her participation in all Sweet Adeline International functions, whether  
   local, regional, or international.
4. I acknowledge that I understand the dues schedule as it pertains to my  
   daughter’s membership. I also understand that membership includes  
   additional expenses (costumes, makeup, travel costs, etc.).
5. I accept all of the above agreements, which will be in effect through my  
   daughter’s 18th birthday.
6. A chaperone is determined to be an adult over 21 years of age, preferably female,  
   who will agree to assume the responsibility for my daughter in the absence of the  
   parent. A chaperone will be granted temporary guardianship and medical  
   authorization, by completing the form shown as the attachment. It is not the  
   responsibility of the SONG OF SONOMA Chorus to provide a chaperone.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date                    Parent or Guardian’s Signature

I have read and agree to the Standing Rules of the SONG OF SONOMA Chorus, and fully understand the responsibilities of the member.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date                    Parent or Guardian’s Signature

**Temporary Guardianship/Medical Authorization Form  
For members under 18 years of age  
SONG OF SONOMA Chorus  
Sweet Adelines International  
Santa Rosa, CA**

.  
I, the undersigned, as parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby grant temporary guardianship of my daughter to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
under whose supervision I request that she be allowed to travel, attend functions, and perform with  
the SONG OF SONOMA Chorus of Sweet Adelines International. I do hereby consent to release the  
SONG OF SONOMA Chorus and Sweet Adelines International and any, and al, of its agents from  
any liability arising out of or in any manner related to transportation by, attendance at, or  
performance with the SONG OF SONOMA Chorus.

In the event of a medical emergency when I cannot be reached, I give permission to the physician  
selected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the minor named above.  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date signed Parent/Guardian  
——————————————————  
Emergency Information  
I have read this and agree to accept the temporary guardianship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date signed Temporary Guardian Membership ID #  
——————————————————-  
Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home  
Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home  
Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Health Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name, purpose, and dosage of any medication currently being taken:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please list any known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_