**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**

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_