

ACAPELLOOZA Vocal Clinic

The Art of Singing Acapella in the Barbershop Style
Friday, April 14, 2023



STUDENT REGISTRATION

Student Name: _____ Grade: _____ Age: _____ Gender: _____
Last Name First Name M.I. (Optional)

Parent / Guardian Name: _____

Address: _____
Number & Street City State Zip Code

Contact Email: _____

School: _____ Music Educator's Name: _____

Music Educator's Email: _____

Shirt Size (Check one) Adult: S M L XL XXL XXXL

Permission to Photograph: I permit the organizers of this event to photograph and publish photographs of the above-named student on the event web pages, bulletin boards, e-news, and social media sites. Y N

Event registration, meals & drinks (lunch and dinner), t-shirt, and all course materials are provided **free of charge** to each registered student / Music Educator and do not cover or include transportation costs to and from the event course and event show venue.

Allergies / Dietary information: _____

I hereby release Acapellooza Vocal Clinic clinicians, independent contractors, and volunteer staff from all liability for personal injury, illness, or property damage occurring on or off the event / show premises. I understand that all students are expected to carry their own accident and/or medical insurance. Instructors and Staff for this event are safety conscious and follow appropriate safety procedures. In the event of an accident, injury, or illness, every effort will be made to contact the parent(s) or guardian(s). If attempts to contact are unsuccessful and treatment is deemed necessary, I hereby grant permission and authorize administration of first aid and/or authorize medical treatment to assure the safety / emergency needs of the student named above. I certify that my student is in good health and capable of participating in physical activities associated with this event.

Signature of Parent or Guardian Date: ____ / ____ / ____

Emergency Contact Name: _____ Phone: (____) - ____ - ____
Other than Parent or Guardian