**2026 West Virginia All-State Children’s Chorus Singer Information/Release Form**

*Please print or type legibly and fill out completely.*

|  |  |
| --- | --- |
| Singer’s Name (Exactly as it will appear in program) | **Barefoot height in inches:** |
| Home Phone: | Date of Last Tetanus: |
| Home Address: | School: |
| Sponsoring Teacher/Choir Director: | **T-SHIRT SIZE:** **(Specify Child or Adult Size)** |
| Father: | Preferred Phone Number: |
| Mother: | Preferred Phone Number: |
| Chaperone if other than parent or teacher: | Cell: |
| Emergency Contact 1: | Preferred Phone Number: |
| Emergency Contact 2: | Preferred Phone Number: |

|  |  |
| --- | --- |
| Physician | Phone Number |
| Insurance Carrier | Group Number |
| Please list and special health problems, allergies, and or medications currently being taken:  |

* I hereby give my consent for my child to participate in all aspects of the WVASCC.
* I hereby agree that the West Virginia Music Educators Association has unlimited rights to use any audio and/or video recording and photographic images of the above named child associated with their participation and performance of the WVASCC at the 2024 WVMEA state conference.
* In the unlikely event that my child becomes ill or is injured, and I or the authorized person above, cannot be immediately contacted at the time of an emergency, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the West Virginia Children’s Choral Association, the West Virginia All-State Children’s Chorus, and the West Virginia Music Educators Association and its members from any claim of liability in connection therewith. I assume responsibility for any costs connected with such treatment.
* This release form is completed and signed on my own free will for the purposes of releasing the WVCCA, WVASCC, and WVMEA from any liability associated with my child participating in the WVASCC and for authorizing medical treatment under emergency circumstances in my absence.

|  |  |
| --- | --- |
| Parent/Guardian Signature | Date: |
| Notary Public Signature |
| Taken, subscribed, and sworn to me before this the day of  |
| My commission expires (date): (Seal) |

**This form MUST be filled out in its entirety.**

**Teachers**, **make sure it is filled out, notarized, and postmarked by**

**December 19, 2025 or earlier.**

**SEND TO:** Kelly Childers, 2000 Martha Road, Barboursville, WV 25504