

Parents/guardians are asked to type or print legibly in each blank.

STUDENT'S CHOIR (check that which applies):

Children's (4th-6th): _____ Youth Mixed (7th-9th): _____ Youth Treble (7th-9th): _____
SSAA High School (10th-12th): _____ TTBB High School (10th-12th): _____

STUDENT INFORMATION:

Student's Name (Last, First): _____

Mailing Address: _____ City _____ Zip _____

Parent/Guardian Email Address: _____

Parent/Guardian Cell Phone: _____ Student's T-shirt Size (YS-AXL): _____ **optional*

Sponsoring School/Organization: _____

Grade: _____ Age: _____ Height: _____ Gender: _____
(inches)

MEDICAL INFORMATION:

The aforementioned student has the following health concerns(s) that may require special attention during the All-State Choir events:

PARTICIPATION AGREEMENT:

The student indicated above accepts the invitation to participate in this year's Louisiana American Choral Directors Association (LAACDA) All-State Choir and agrees to the obligations and expectations, understanding that violation will be subject to dismissal. I, the parent/guardian of the participating student, grant permission for the above events. Further, in the event that I cannot be reached in an emergency, I permit LAACDA authorities to call 911 and contact a medical facility or physician selected by the organization to provide the proper treatment and care to my child. I acknowledge that I have been informed about the details of these events and have been allowed to inquire about such information.

Parent/Guardian Printed Name

Parent/Guardian Signature

Student's Signature

Principal's Signature

Teacher's Printed Name

Teacher's Signature