

Youth Chorister Registration Form

Confirmation sent	Medical/Travel forms sent	Medical/Travel Forms Rec'd

**THE ROYAL SCHOOL OF CHURCH MUSIC
CHARLOTTE COURSE
CONSENT/RELEASE FORM**

RE: _____
(Name of child)

1. In consideration for allowing my child to participate in The Royal School of Church Music, Charlotte Course, We/I hereby release St. John's Episcopal Church, The Royal School of Church Music, Charlotte Course, all employees of The Royal School of Church Music, Charlotte Course and all course volunteers who participate in the activities of the course (directly related as well as ancillary thereto), from liability on my behalf and on behalf of my minor child, based on a claim of negligence arising in any way from my child's participation in the course and the activities which take place during the course (i.e., all activities of whatever nature from the time my child leaves my care, custody and control in anticipation of the departure of the trip until the time my child is returned to my care, custody and control after the termination of the course) except to the extent the injury is covered by any insurance procured by The Royal School of Church Music, Charlotte Course which insurance does not allow for subrogation of the claim as against the course employees or volunteers alleged to have been negligent or to the extent and amount the injury is specifically covered by insurance providing coverage for the person or persons alleged to have been negligent. This release relates solely to ordinary negligence and does not apply to willful or wanton negligence or intentional misconduct on behalf of any employee or volunteer. I understand that my child may be transported by church van or rental vans during the week, and I give my consent for such travel.

Additionally, We/I specifically agree to indemnify and hold harmless, St. John's Episcopal Church, The Royal School of Church Music, Charlotte Course, and any course employee or course volunteer who participates in any aspect of the course from any loss, damage or demand sustained in any way related to my child's participation in the above designated course whether from their alleged negligence or otherwise, except with respect to the individual employee or volunteer where the loss is related to willful or wanton negligence or intentional misconduct of that course employee or volunteer.

This release and indemnity as to St. John's Episcopal Church and The Royal School of Church Music, Charlotte Course is absolute to the extent not covered by insurance.

2. I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during the aforementioned period of time, regardless of whether such treatment or service becomes necessary by reason of an emergency, unanticipated conditions or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of licensed physicians.

3. Medical information the adults should be aware of:

Insurance policy name & number: _____
!!!Please attach a copy of both sides of your insurance card!!!

Name and phone number of family doctor: _____

Phone numbers where parents can be reached during this outing:

Daytime: _____ Evening: _____

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Name: _____

Weight: _____ Date of last tetanus booster: _____

Allergies ever evident? _____ To what (Food, insect bites, etc.) _____

Any known drug sensitivities? (Penicillin, etc.) _____

Are there any over-the-counter products you do **not** want given to your child (Tylenol, Pepto-bismol, etc.)?
Please specify: _____

If you have a preference for the treatment of any of the following conditions, please specify and provide:

Headache _____ Rash _____

Stomachache _____ Insect bites _____

Sunburn _____

Any special medical conditions, dietary needs, or food allergies we should know about? This information will be kept confidential, but for the sake of your child's safety, we need to know all prescriptions your child may be taking and the condition for which the medication is prescribed, so that we can inform emergency personnel fully. Adult staff members will administer all prescription and non-prescription medications to maintain safety.

Additional information, instructions, specifics you feel strongly about: _____

4. I hereby give my authorization and consent for my child to attend the RSCM Charlotte Course on July 6-12, A.D. 2020, being subject to your supervision during the term thereof, and I acknowledge that I am granting permission to RSCM America and the Charlotte Course to use, reproduce, and/or distribute photographs, films, video tapes, podcasts, media releases and sound recordings of my child, without compensation or approval rights, for use solely in materials created for purposes of promotional, informational, or educational activities of St. John's Episcopal Church, RSCM America, and the Charlotte Course.

(Date) _____ 1. _____ (Seal)

2. _____ (Seal)

Both parents/guardians/custodians must sign or in the case of divorced parents, the parent with custody.

Release must be signed before the child can participate in the above referenced outing.

The Royal School of Church Music in America

Charlotte Course

Program Policies Agreement

The RSCM training course staff respects the judgment of all participants. Our policies have been established to help ensure safe and enjoyable training courses. The safety of all and the success of our program depend on the actions of each participant. Therefore, any RSCM participant

whose attitude, conduct, or behavior is detrimental to the course or to the reputation of the program,

who endangers him/herself or other members of the group in any way, or

who uses alcohol, tobacco, or any non-medical drug during the course

will be dismissed from the course at the discretion of the course manager, music director, and chaplain. Under such circumstances, all additional transportation, communication, accommodation, and other expenses incurred by the dismissed participant shall be the responsibility of the participant's parents or legal guardian. There is no refund whatsoever for participants who are expelled, regardless of the point at which they are dismissed. In addition, parents are financially responsible for damage to facilities or the property of other participants caused by their children.

I agree to the above policy.

Participant's Signature_____

Date _____

Parent/Guardian's Signature _____

Date _____

For more information, contact:

Tracy Reed, RSCM Course Registrar

1623 Carmel Road

Charlotte, NC 28226-5015

Phone: (704) 849-9791

e-mail: RSCMCharlotte@aol.com