

***Grand Rapids Symphony Youth Choruses Emergency/Permission Form***

Chorister(s) \_\_\_\_\_

Parent(s) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, I hereby give the Grand Rapids Symphony Youth Choruses staff permission to secure emergency medical and/or emergency surgical treatment for the above named child(ren) while in their care.

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(parent/guardian signature)

(date)

**Photo Release**

I hereby give permission for photos of my child(ren) to be used in GRSYC publicity materials. This includes recordings of concerts.

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(parent/guardian signature)

(date)

**Family Directory**

I hereby give permission for my name, address, and phone number to be listed in the GRSYC family directory.

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(parent/guardian signature)

(date)