APPALACHIAN FESTIVAL OF YOUNG VOICES

Participant Information Form

(This form is REQUIRED from every person attending the 2026 Festival.)

These forms MUST be received in the ACC Office by February 1, 2026.

Category: (Circle one) Chorister Chaperone Choir Staff Other Traveler/Family

Name(as you would like it on your name tag): _____

Home Address: _____
Street City State Zip

Chaperone/Staff/Parent/Other email: _____

Chorister email: _____

Home Phone: _____Chaperone/Staff/Parent /Other Cell Phone: _____

T-shirt size (circle one): **Youth**: XS(4) S(6-8) M(10-12) L(14-16)

Adult: S M L XL XXL

Vocal Part (circle one):

CHORISTER ONLY: Birthdate: _____Height: _____ Soprano Alto Tenor Baritone

All Participants: Please indicate if you have dietary restrictions OR requests (e.g. vegetarian, allergies, etc): _____

_____

EMERGENCY CONTACT INFORMATION

Name: First Last _____ Relationship to participant: _____

Address: _____
Street City State Zip

Home Phone: _____ Work/Cell Phone(1): _____

Work/Cell Phone(2): _____

MEDICAL RELEASE:

In the unlikely event that my child becomes ill or is injured and I cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff of the Appalachian Children's Chorus immediate observation and/or treatment is necessary, I hereby authorize and direct the staff of the ACC to send my child (properly accompanied) to the hospital or physician most easily accessible. Further, I release the ACC and their employees and agents from any and all claims in connection therewith.

IN FULL UNDERSTANDING OF THE ABOVE STATEMENT, I SIGN BELOW:

Signature of Parent or Guardian: _____ Date: _____