

# Village Music & Arts Participant Information Sheet

## PARTICIPANT INFORMATION

Participant Name _____	Phone _____
Address _____	E-mail _____
City/State/Zip _____	Alternate Phone _____

## PARENT OR GUARDIAN INFORMATION

Parent or Guardian Name _____	Phone _____
Address _____	E-mail _____
City/State/Zip _____	Alternate Phone _____
<input type="checkbox"/> Parent is the participant's guardian <input type="checkbox"/> The participant is his/her own guardian <input type="checkbox"/> Other _____	

## CAREGIVER/RESIDENTIAL PROVIDER INFORMATION

Name _____	Phone _____
Address _____	E-mail _____
City/State/Zip _____	Alternate Phone _____

**EMERGENCY CONTACT** \_\_\_\_\_ **Phone** \_\_\_\_\_

Need to know information (medical or behavioral alerts, allergies, diet restrictions, people barred from contact,

Chaperone required/Community protection status, etc.): \_\_\_\_\_

## VOICES OF THE VILLAGE MEMBERSHIP (OPTIONAL)

Yes, I would like to join Voices of the Village performance ensemble. VOV practices weekly and performs 1-3 times per month. Membership fee is \$480 per year and includes participation in the weekly Friday Music event (monthly payments of \$40 accepted.) Participants are responsible for their own transportation.

Enclosed is my annual membership fee payment of \$480.00

Please send monthly VOV membership invoice to (include address and phone if not listed above):

\_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

**Participant Supervision :** Village Community Services is not responsible for the supervision of Village Community Music & Arts (VM&A) participants. People who have not demonstrated that they are safe and independent at VM & A events may not attend without appropriate caregiver support. Friday Music is an all ages event. Children under the age 16 may attend with written guardian permission and adult supervision. Youth age 16 + may attend with written guardian permission. Evening with the Arts dances are restricted to age 18 and older.

**Hold Harmless Agreement:** The Participant and his or her Guardian voluntarily assume all risk incident to attending a Village Community Services activity, whether occurring before, during or after the activity. The Participant and his or her guardian agrees that Village Community Services and all individuals affiliated with such organization are not liable for injuries, expenses, claims or liabilities resulting from participation.

\_\_\_ I am the participant's guardian and agree to the supervision and hold harmless agreements as stated above.

\_\_\_\_\_ Date \_\_\_\_\_  
Guardian Signature (Participant's signature if own guardian.)

\_\_\_ I am the participant's residential provider or primary caregiver and have read and understand the supervision terms and hold harmless agreement as stated above (guardian signature is required above).

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized Residential Provider/Caregiver

# VILLAGE COMMUNITY SERVICES

## Community Relations Release Form

Participant's Name: \_\_\_\_\_

### Community Relations Release

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to  
legal guardian participant's name  
participate in the following activities and for Village Community Services to utilize the information marked below for  
community relations and fundraising purposes.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Participant's Name   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Photos/video/audio   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Participant's art, poetry, prose                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Description of interests, activities, achievements, etc.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Participant's success story                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Quotes (verbatim or paraphrased)                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| May participate in interviews with media                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| May represent VCS at community relations activities/events | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_