

## Village Harmony

Larry Gordon & Patty Cuyler, directors  
5748 Hollister Hill Road, Marshfield, VT 05658 • (802) 426-3210 • vharmony@sover.net

\_\_\_\_\_ **I am coming** to the 9/17-18/05 rehearsal. \_\_\_ **I can't**, but will come to the next one.  
\_\_\_\_\_ I can provide sleeping space for \_\_\_ other singers on Saturday night at my house.  
I will need to buy: \_\_\_\_\_ Northern Harmony book (\$12) \_\_\_\_\_ Sacred Harp book (\$14)

### PARTICIPANT INFORMATION SHEET: YEARGROUP 2005-06

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Date of Birth \_\_\_ / \_\_\_ / \_\_\_ School attended \_\_\_\_\_ Grade \_\_\_\_\_

#### EMERGENCY CONTACT INFO:

**CIRCLE (as appropriate):** CUSTODIAL PARENT/S or GUARDIAN

Name/s \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Email: \_\_\_\_\_

NON-CUSTODIAL PARENT or OTHER FAMILY MEMBER

Name/s \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Other emergency contact and telephone number (eg, neighbor, friend):**

#### EXTREMELY IMPORTANT:

Do you have any physical, allergic, medical conditions that we need to know about?

**Village Harmony is not inherently dangerous.** We exercise prudence and good sense in our choice of activities. At the same time, accidents can occur during the everyday course of events, and it is impossible for us to insure ourselves adequately against such occurrences. Therefore we ask you to take responsibility for providing adequate health insurance for you or for your own child, and that you sign a waiver agreeing to indemnify us for any medical expenses. Please be sure to provide us with insurance information so that reimbursement can be made for any medical care needed by you or your child during the yeargroup program.

Medical Insurance Info: \_\_\_\_\_  
Policy Name ID# Contact tel.#

**I, the the parent or legal guardian of the above-named Village Harmony minor,** do agree to hold Village Harmony blameless for any accident or injury which may occur to me/my child during the course of VH activities, except in the case of gross or willful negligence. Furthermore, I will indemnify Village Harmony against any claim which may arise for such accident or injury. In the event of a medical emergency and I cannot be reached I empower Village Harmony to authorize emergency medical treatment for my child.

**Parent signature** \_\_\_\_\_ **Date:** \_\_\_\_\_