

Health & Consent Form MB Sings 2025

*This form must be completed by the parent or legal guardian for **singers under the age of 18** to participate in MB Sings 2025. Please complete a separate form for each child registered. Forms must be **submitted no later than January 19, 2025**. Please return all completed forms to programs@mbchoralassociation.ca.*

Participant (Singer) Name: _____

Participant Address: _____

Date of Birth: _____ MB Sings Choir: Junior (Gr. 5-8) Senior (Gr. 9-12)

Parent/Legal Guardian Name: _____

Address (if different from Participant): _____

Phone (Home): _____ (Cell): _____ (Other): _____

Email: _____

Please list any allergies and/or known medical conditions of the Participant:

I, _____ (Parent/Guardian name), hereby give permission for _____ (Participant name) to participate in MB Sings from January 31 - February 2, 2025. I hereby release Manitoba Choral Association from liability for any accidental injury and/or illness, that he/she/they may incur while participating in the event. I acknowledge that Manitoba Choral Association may use, publish, reproduce, distribute and/or promote the recorded voice and/or likeness of all singers in this program in photographs and/or audio-visual recordings taken over the course of the weekend. *

Parent/Guardian Signature: _____ Date: _____

**If you are unable to provide consent for your child to appear in photographs and/or audio-visual recordings, please contact programs@mbchoralassociation.ca. All information provided on this form will be kept private and confidential and used solely in the context of the MB Sings 2025 program.*