



Chaperone Release Form

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You can Type in this PDF or print and sign it.

Email chaperones@msvma.org

MSVMA
P.O. Box 1131
Big Rapids, MI 49307

The MSVMA Student Leadership Conference requires a 1:4 ratio of chaperones to students. Both male and female chaperones are needed. Chaperones stay overnight and will be responsible for supervising students outside of conference activities. Chaperones must be 21 years of age and must pass a background test.

This section must be completed and signed by each chaperone.

First Name:			Middle Initial:			Last Name:		
I am a... <input type="checkbox"/> Parent/Guardian			<input type="checkbox"/> Teacher/Director			<input type="checkbox"/> Other: _____		
Please list any medical conditions the staff should be aware of (including medications currently taken, chronic or recurring illnesses, wheelchair access, refrigeration or dietary needs, visual/hearing impairment, ect. Attach additional sheet if necessary.):								
Health Insurance Carrier:			Policy:			Group/Control:		
Does carrier require pre-authorization for treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>						Carrier Phone:		
Name of policy holder:			SS# or ID:					
Family Physician:			Physician Phone:					
In case of emergency, please notify (name and telephone):			Food Allergies:					

Healthcare Authorization

In case of an emergency or sickness, I authorize Lake Huron Medical Center to administer medical treatment to the chaperone here named. I agree I will be responsible for any expense incurred.

Media Release

As a participant in the MSVMA Student Leadership Conference, you, the chaperone, irrevocably grant Michigan School Vocal Music Association and its agents the right to use your likeness, name, and any photograph or video taken by MSVMA for the purpose of exhibiting or advertising the conference. In granting these rights, you agree that we may use your image in all media, now and in the future (including broadcasting, webcasting and in print), and you waive all claims against the Association for such use. By signing below you agree that you have read this agreement, understand its terms, and agree to be legally bound by it.

Chaperone Signature: _____

Date: _____

Background Check Authorization

During the application process and at any time during the tenure of my volunteer service with the Michigan School Vocal Music Association, I hereby authorize ICHAT through the Michigan State Police, and the US Department of Justice National Sex Offender Public Website (NSOPW), on behalf of the Michigan School Vocal Music Association, to procure a consumer report which I understand may include information regarding character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, Department of Motor Vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify the information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure if the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics. This report will be kept confidential.

Signature:			Date:			
Printed Name:		SS# (for identification only)		Birthdate:		
Address:			City:		State: Zip:	
Home Phone:		Cell Phone:		Email:		

