

Permission Form for GenOUT – 2022-23

GenOUT Youth Chorus, c/o Gay Men's Chorus of Washington, DC
1140 3rd St. NE, 2nd floor • Washington, DC 20002 • (202) 293-1548

To protect GenOUTers and their families during the COVID-19 pandemic, all GenOUTers are required to be vaccinated against coronavirus and to verify their vaccination status before attending any in-person GenOUT event.

General Information about GenOUTer

Your name as you want to be called:

First Name Last Name

If you want a different name to appear in printed programs, please indicate that name (first & last) here:

First Name Last Name

When referring to yourself, what pronouns do you use? _____

Home address, where you can receive physical mail:

Number & Street City State ZIP Code

E-mail address: _____

Cell phone, if you have one: (_____) _____ - _____ Your ADULT tee-shirt size: _____

Birthdate: ____ / ____ / ____ Today's date: ____ / ____ / ____ Age today: _____

School you are attending in Fall 2022: _____ Grade: _____

Adult Information

Please list care-giver adults at the **home address listed above** and their relationship to the GenOUTer (e.g., parent, step-parent, legal guardian, grandparent, etc.):

1. Name (first & last): _____

Pronouns: _____ Relationship to GenOUTer: _____

E-mail address: _____ Cell phone: (_____) _____ - _____

** Note: Adult # 1 will also have an account in Chorus Connection.*

2. Name (first & last): _____

Pronouns: _____ Relationship to GenOUTer: _____

E-mail address: _____ Cell phone: (_____) _____ - _____

If there is a [separate household](#) in which the GenOUTer also resides, please list that address here:

Number & Street City State ZIP Code

If the GenOUTer divides their time between two addresses, please list the adults at the other address and their relationship to the GenOUTer (e.g., parent, step-parent, legal guardian, grandparent, etc.):

3. Name (first & last): _____

Pronouns: _____ Relationship to GenOUTer: _____

E-mail address: _____ Cell phone: (_____) _____ - _____

4. Name (first & last): _____

Pronouns: _____ Relationship to GenOUTer: _____

E-mail address: _____ Cell phone: (_____) _____ - _____

Additional Info about the GenOUTer

1. If the GenOUTer's school has a Gay-Straight Alliance and you know who the faculty advisor is, please indicate that information here: _____

Name of GSA Faculty Advisor

E-mail address of GSA Faculty Advisor

2. If the GenOUTer will be ride-sharing with others to GenOUT events, please indicate the name(s) of the driver(s): _____

3. Indicate how the GenOUTer will depart at the conclusion of GenOUT events:

This GenOUTer may self-dismiss. *Parent/guardian's initials here for self-dismissal:* _____

This GenOUTer must be picked up by the designated driver. Parents/guardians understand that the driver must pick up on time and must **present themselves to the GenOUT staff or adult volunteers** at dismissal time. *Parent/guardian's initials here for in-person pick-up:* _____

4. GenOUT is committed to providing a safe, educational, and inspiring community for youth to learn and grow. Please indicate any individual needs this GenOUTer has (as well as best strategies for meeting those needs), in order for program staff and volunteers to provide the best possible experience for them:

Media Release

I grant permission for GMCW/GenOUT to use my child's unrestricted image – including the display, distribution, publication, transmission, or other use of photographs, electronic images, and/or video recordings taken of the child – for use in materials including, but not limited to, printed materials such as promotional brochures and newsletters, video recordings, and digital images such as those on chorus web sites and other internet platforms. I understand that these images and recordings may be used for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand that my child's first and last name (indicated in the way that the child prefers) may be included in conjunction with any audio or video recordings or digital images.

Parent/Guardian's signature: _____

Date: _____

GenOUT Guiding Principles

The Guiding Principles we follow in GenOUT are outlined in our Handbook. GenOUTers and their parents/guardians are expected to thoroughly review and understand all sections of the Handbook before the start of the season, and to apply that understanding throughout the entire season.

GenOUTer: I, _____, choose to participate in GenOUT as a singing member. I have thoroughly reviewed all sections of the Handbook and I understand all sections of the Handbook. I will do my best to apply this understanding throughout the season. I understand that membership in GenOUT membership is a privilege and that the privilege of membership is contingent upon adherence to all of GenOUT's Guiding Principles. As a member of GenOUT, I commit to participating fully in the schedule of events, to replying promptly to communications when asked, to working cooperatively with others, and to promoting social justice through song.

GenOUTer's signature: _____

Date: _____

Parent/Guardian: I support my child's participation in GenOUT. I have thoroughly reviewed all sections of the Handbook *with my child* and *we both* understand all sections of the Handbook. I will do my best to model the Guiding Principles outlined in the Handbook, and I will help my child honor them in and out of GenOUT time. I understand that membership in GenOUT membership is a privilege and that the privilege of membership is contingent upon adherence to all of GenOUT's Guiding Principles. I commit to staying connected to the schedule, to replying promptly to communications when asked, to honoring my critical role in managing my child's schedule and responsibilities, and to being a supportive member of the GenOUT community.

Parent/Guardian's signature: _____

Date: _____

Medical Information

The information on this form is for emergency medical purposes only. The questions you answer cover important information that a medical professional may need to know to provide proper care for you in an emergency. Any information you provide will be kept strictly confidential and will be disclosed only in an emergency, and only for the purposes of obtaining emergency medical treatment. Even if you are over 18, you are required to fill out this medical form for your safety and convenience in the case of a medical emergency. **This portion of the permission form must be completed by the parent/guardian.**

GenOUTer's full legal name: _____
First Middle Last

If this legal name changes during the season, you are required to submit a new permission form with the updated information. Parent/guardian's initials here to indicate understanding of this policy: _____

Is the GenOUTer currently under a doctor's care for any condition? Yes No

If yes, indicate the condition(s), how the condition(s) may manifest in the context of GenOUT events, and any effective practices for providing relief which will be helpful for GenOUT program staff and volunteers to know:

Does the GenOUTer have any condition that is **not** being treated? Yes No

If yes, indicate the condition(s), how the condition(s) may manifest in the context of GenOUT events, and any effective practices for providing relief which will be helpful for GenOUT program staff and volunteers to know:

Please list any allergies (food and environmental) the GenOUTer has:

Check if the GenOUTer is: pescatarian vegetarian vegan

GenOUT participants are required to be up-to-date on vaccinations against coronavirus, and must agree to abide by chorus regulations on mask-wearing and other covid safety precautions. Indicate vaccination information below:

1. Vaccine 1 date: _____ Manufacturer: _____
2. Vaccine 2 date: _____ Manufacturer: _____
3. Booster 1 date: _____ Manufacturer: _____
4. Booster 2 date: _____ Manufacturer: _____

Please list any medications (including supplements, herbal remedies, or daily over-the-counter medicines) the GenOUTer is currently taking:

My child is is not permitted to take OTC medications such as aspirin, acetaminophen, ibuprofen, and bismuth subsalicylate (Pepto Bismol) without contacting me first. Parent/guardian's initials here: _____

Physician's name: _____ Phone number: _____

Medical Insurance provider: _____

Card and/or Group # _____

In an emergency, we will first attempt to contact Adult # 1 on pg. 1 of this permission form.

Waiver

To be signed by Parent/Guardian of GenOUTers who are under 18:

My child is able to participate in all GenOUT activities without any health concerns. I hereby authorize an adult representative of GenOUT/GMCW/FCPAA to give consent for all reasonable emergency medical, surgical, and/or dental treatment prescribed by a duly licensed physician, dentist, or medical professional for my child in a medical emergency. I acknowledge that even though reasonable efforts are made to provide a safe, accident-free environment, incidents may occur. For myself and for and on behalf of my child-participant, I forever discharge and agree to hold harmless GenOUT/GMCW/FCPAA and its officials and employees from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while participating in GenOUT activities.

Parent/Guardian's signature: _____ Date: _____

To be signed by GenOUTers who are 18 or over:

I am able to participate in all GenOUT activities without any health concerns. I hereby authorize an adult representative of GenOUT/GMCW/FCPAA to give consent for all reasonable emergency medical, surgical, and/or dental treatment prescribed by a duly licensed physician, dentist, or medical professional for me in a medical emergency. I acknowledge that even though reasonable efforts are made to provide a safe, accident-free environment, incidents may occur. I forever discharge and agree to hold harmless GenOUT/GMCW/FCPAA and its officials and employees from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by me that occur while participating in GenOUT activities.

GenOUTer's signature: _____ Date: _____

Membership Fee

Annual fee for GenOUTers joining in September:	\$150.00
Fee for GenOUTers joining in January:	\$ 90.00

Membership fees are paid within one week of the GenOUTer's first rehearsal. Fees are paid on Chorus Connection. Go to My Account, then Payments Center. Enter the amount you can pay.

We are committed to making GenOUT accessible to all area youth who want to participate; to this end, we have a robust scholarship program to support those with financial needs. The scholarship assistance helps with the annual membership fee, attire, and other program costs. If you need financial assistance, please reach out to the GenOUT Director so that arrangements can be made.