

**REGION 17 YWIH  
PERMISSION OF PARTICIPATION  
PARENT/GUARDIAN  
YOUNG WOMEN IN HARMONY**



-----

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
Who is participating in the Young Women In Harmony Rising Star Quartet  
Contest, sponsored by Lake Erie Region 17; a body of Sweet Adelines  
International, hereby gives permission for \_\_\_\_\_,  
To act as her sponsor/chaperone in accordance with Sections 4 and 5 of the  
Agreement of the Parent or Guardian. I give this permission so that she can  
attend and participate in:

All Events and activities between \_\_\_\_\_ and \_\_\_\_\_  
(date) (date)

- ♪ YWIH Quartet Briefing
- ♪ YWIH Quartet Mixer
- ♪ YWIH Quartet Competition
- ♪ YWIH Pizza Party

In the event of a medical emergency, I give my permission to the physician  
selected by the sponsor/chaperone to provide all necessary and appropriate  
medical care to the minor child including but not limited to hospitalization,  
injections, anesthesia, and surgical procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

I agree to act as sponsor/chaperone of the above-named minor according to  
the terms and limitations described herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor/Chaperone Signature