

**SINGERS ON STAGE YOUTH AMBASSADORS  
PARENT-STUDENT AGREEMENT SIGNATURE PAGE**

\_\_\_\_\_  
PARENT (PRINT)  
(IF STUDENT IS A MINOR)

\_\_\_\_\_  
PARENT SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_\_  
STUDENT (PRINT)

\_\_\_\_\_  
STUDENT SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
PARENT CELL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
STUDENT CELL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
EMERGENCY PHONE

\_\_\_\_\_  
EMERGENCY CONTACT/RELATIONSHIP

\_\_\_\_\_  
PHYSICIAN

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
INSURANCE/POLICY #

\_\_\_\_\_  
PHONE NUMBER