

YOUTH MEMBERSHIP FORM¹

_____ Chapter, SPEBSQSA, Inc.

Youth [Name] _____ Date of Birth: __/__/__ SS# _____

Parent/Guardian [Name] _____

Supervisor(s) [Chapter Member(s) Name(s)] _____

Consent and Agreement by Parent/Guardian

I, am the parent or legal guardian of the Youth named above. The Youth desires to apply for membership in the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc. (SPEBSQSA), as a member of the Chapter named above. I acknowledge that I have received a copy of the SPEBSQSA Youth Policy Statement ** [and the Youth Policy Statement of the Chapter] ², have reviewed and understand the same, and have had the opportunity to discuss the same with officers of the Chapter. I have also carefully reviewed and discussed the Policy Statement(s) with the Youth, particularly his obligations and responsibilities as a member of SPEBSQSA and the Chapter. I understand that the Youth's participation in the activities of the Chapter and SPEBSQSA may involve local or long distance travel to and from events, and attendance by the Youth at events or activities which may take place late at night, and/or where alcohol may be consumed by adults. I further understand that my consent and agreements, as set forth below, are conditions to the approval of the Youth's membership.

I hereby consent to the Youth joining and becoming a member, and participating in all activities of SPEBSQSA and the Chapter. I agree to be responsible for, and promptly to discharge, all financial obligations of the Youth to the Chapter and SPEBSQSA. I assume and accept full responsibility for the active supervision of the Youth, and for all actions of the Youth, during or arising out of all activities in which the Youth participates. If I am a member of the Chapter I will diligently perform such supervision at all times. If I am not a member of the Chapter (or in my absence, if I am a member), I hereby designate the Chapter member(s) named above as Supervisor(s) to supervise the conduct and activities of the Youth as a participant in any or all Chapter and SPEBSQSA activities, including (but not limited to) participation in meetings, performances, conventions, social events, and any associated travel. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, to supervise the Youth, as fully and completely as I might do if I were personally present, as deemed necessary and appropriate in the reasonable judgment of such Supervisor(s). I agree that the Supervisor(s), when providing such supervision, will be performing that function in an individual and personal capacity, and not as an agent or representative of the Chapter or SPEBSQSA. I understand and agree that any of the following may result in the Youth being denied the right to participate in Chapter and SPEBSQSA activities and events, and/or in the suspension of the Youth's membership: (i) my failure and/or the failure of such Supervisor(s) to provide effective supervision of the Youth; (ii) the failure of the Youth to abide by the Bylaws, and Code of Regulations (if any), of the Chapter, and the Bylaws, Code of Ethics, Statements of Policy, or other governing documents of the SPEBSQSA, or (iii) the failure of the Youth to accept and comply with my supervision and/or the supervision of such Supervisor(s).

In the event of any medical emergency involving the Youth, in my absence I further hereby authorize such Supervisor(s) to obtain, provide, give consent, or furnish authorization for, any necessary emergency medical services or treatment to the Youth, including (but not limited to) surgical procedures which may be recommended by a physician, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible, after a need arises.

Parent/Guardian (Signature)

DATE: _____

[Printed Name]: _____

¹ Signed copy of Form to be retained in Chapter file

² **Disregard if not applicable

Youth [Name] _____ Date of Birth: __/__/__ SS# _____
Parent/Guardian [Name] _____
Supervisor(s) [Chapter Member(s) Name(s)] _____

Acceptance of Responsibility by Supervisor(s)

I, the Supervisor(s) named and designated above, hereby accept responsibility for, and agree to perform, the supervision of the conduct and actions of the Youth as a member of the Chapter and SPEBSQSA. I understand that my responsibility shall cover all aspects of the Youth's participation in the activities of the Chapter and of SPEBSQSA, including (but not limited to) participation in meetings, performances, conventions, social events, and any associated travel. I agree that my responsibility shall continue for so long as the Youth is a member of the Chapter and under the legal age of majority, or until I rescind this Acceptance by written notice to the Chapter President or Secretary. I understand that my failure to provide effective supervision of the Youth, or my rescission of this Acceptance, may result in the Youth being denied the right to participate in Chapter and SPEBSQSA activities and events, and/or in the suspension of the Youth's membership in the Chapter and SPEBSQSA. [If more than one Supervisor is named, the foregoing statements and agreements are separately made by, and shall separately apply to each.]

_____(Signature)

_____(Signature)

Supervisor(s)

[Printed Name(s)]: _____

DATE: _____

Acknowledgment by Youth

I, the Youth named above, understand that my membership in the Chapter and SPEBSQSA, and my participation in Chapter and SPEBSQSA activities and events is conditioned upon the supervision of my conduct and actions by my Parent/Guardian and/or the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of my Parent/Guardian and/or the Supervisor(s) to provide the same, may result in my being denied the right to participate in Chapter and SPEBSQSA activities and events, and/or in the suspension of my membership in the Chapter and SPEBSQSA.

_____(Signature)

Youth

[Printed Name]: _____

DATE: _____