

Singer's Name: _____

Semester: Fall Spring Year: _____

Level: Chorus Choir Chorale A capella

Birthdate: _____ M F Grade: _____ School _____

Siblings in Choir: _____

Address: _____

Home Phone: _____ Singer's Cell Phone: _____

Email for Communications: _____ I have no Email

Please list primary and secondary custodial parent or guardian with relationship:
also, please let us know if there are people who have restricted access to your singer

1. Name: _____ Relationship: _____

Cell Phone: _____ email: _____

2. Name: _____ Relationship: _____

Cell Phone: _____ email: _____

Others who are permitted to pick up your singer(s) or who should be called when you are unreachable:

1. Name: _____ 2. Name: _____

Phone: _____ Phone: _____

Health Concerns (include allergies): _____

Health Provider: _____ Phone: _____

Insurance Company: _____ Phone: _____ ID: _____

By signing below:

I authorize access of emergency medical services and sharing of this information as needed in the event of a serious health-related emergency.

I hereby assign and grant the A.V. Children's Choir the right and permission to use and publish the photographs/film/digital media and/or sound recordings made of the singer by the A.V. Children's Choir, and I hereby release the A.V. Children's Choir from any and all liability from such use and publication.

I, the undersigned, confirm that the information above is true and accurate.

Parent/guardian printed name

Parent/guardian signature

Date

The A.V. Children's Choir shall provide access to its program without regard to national origin, ancestry, religion, sex or gender, sexual orientation, race, color, medical condition, physical or mental disability, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

