



# HCCA Children's / Treble / Youth Chorales

## Family Info Form

Year: 20\_\_

***PRINT singer names (eldest to youngest) as they should appear in the concert programs!***

Singer's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Choir: C \_\_\_ T \_\_\_ Y \_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Music Teacher \_\_\_\_\_

Singer's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Choir: C \_\_\_ T \_\_\_ Y \_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Music Teacher \_\_\_\_\_

Singer's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Choir: C \_\_\_ T \_\_\_ Y \_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Music Teacher \_\_\_\_\_

Singer's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Choir: C \_\_\_ T \_\_\_ Y \_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Music Teacher \_\_\_\_\_

Singer's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Choir: C \_\_\_ T \_\_\_ Y \_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Music Teacher \_\_\_\_\_

Singers reside with: \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other If other, complete the following info:

Name \_\_\_\_\_ Relationship to Singer \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Best email \_\_\_\_\_ Best phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Spouse (if not mother) \_\_\_\_\_

Spouse (if not father) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phones Cell \_\_\_\_\_

Phones Cell \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

List other family members singing in the Adult Chorus \_\_\_\_\_

If new this year, how did you hear about us? \_\_\_\_\_

Do you work for a company that matches Employee Donations? (Matching Gifts Program) \_\_\_ Yes \_\_\_ No



HCCA Children's / Treble / Youth Chorales  
**Medical Release, Media Waiver  
 & Handbook Acknowledgment**

*Please PRINT clearly!*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Medical Release**

In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the Huntsville Community Chorus Association immediate emergency observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the Huntsville Community Chorus Association, their employees, and agents from any claim of liability in connection therewith.

**Parent/Guardian Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Choice of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

List any special health issues, allergies and learning disabilities: \_\_\_\_\_

List any medications being taken: \_\_\_\_\_

Emergency Contacts if Parent/Guardian cannot be reached (please list two!)

_____	_____	_____
Name	Relationship	Phone

_____	_____	_____
Name	Relationship	Phone

**Media Waiver**

This waiver gives my permission for the use of name, images, pictures and recordings of my child by the Huntsville Community Chorus Association in printed and social media marketing.

**Parent/Guardian Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Handbook Acknowledgement**

We agree to abide by the terms set in the HCCA Youth/Treble/Children's Chorales Handbook.

**Parent/Guardian Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_