



Registration Form

Young Singers 2019 - 20

Name _____ Telephone (____) _____
(First) (Middle) (Last)

Address _____
(Street) (City) (Zip)

Sex: M ____ F ____ Birth date ____/____/____ T-Shirt Size _____

E-mail addresses:

Mother _____

Father _____

Grade ____ School _____ Music Teacher _____

Resides with: Mother ____ Father ____ Both ____ Other ____ If other, please complete following information:

Name _____ Relationship to member _____

Address _____
(Street) (City) (Zip)

Father's Information:

Name _____

Spouse (if different than mother) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____

Work _____

Cell _____

Mother's Information:

Name _____

Spouse (if different than father) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____

Work _____

Cell _____

Please list any other family members singing in the Adult Chorus, Children's, Treble & Youth Chorales.

If new this year, how did you hear about our choruses?

Do you work for a company that matches employee donations (Matching Gifts Program)? ____ Yes ____ No

Please turn over to complete page 2 of registration form.



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 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.

Student's Name _____

Choice of Physician _____ Telephone Number _____

Preferred Hospital _____ Insurance Carrier _____ Group # _____

Please list any special health problems, allergies, and learning disabilities:

Please list any medications being taken:

Date Signed _____ Parent/Guardian _____

Emergency Notification Contacts if Parents Cannot Be Reached. (Please list two.)

Name and Telephone Number

Name and Telephone Number

Media Waiver

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

Date Signed _____ Parent/Guardian _____