



Singer Registration Form

Singer's Name: _____

Date of Birth: _____ Age: _____

Mother's (Guardian) Name: _____

Father's (Guardian) Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

My child will participate for the entire choir season (preferred): Yes _____ No _____

My child will participate during the following months: _____

Name(s) of adults other than parent/guardian authorized to pick up child from choir: _____

Allergies (food, medicines, plants or insects) to be aware of: _____

Does your child suffer from any condition or illness that will require special attention or medication? NO _____ YES _____

Is your child restricted from participating in any physical activities? NO _____ YES _____

Please share anything about your child that will help us know him/her: _____

Your Help Is Appreciated!

Please check if you are able to assist in any of the following ways:

_____ Supervising Children

_____ Administration/Organizing

_____ Providing Snacks

_____ Piano Accompanist

Media Opt-Out: We may feature your child in photos, videos, or audio recordings, or identify them by name in print and/or digital media. We will assume that we have your permission to do so unless you indicate otherwise by checking the box below.

☐ **Do not** use photos/videos/audio recordings of my child or my child's name in any media

Because choir is a performing art, each choir member is an important member of the team. Consistent attendance will ensure a positive experience for your child. I will do my best to facilitate my child's consistent attendance.

Signature of Parent/ Guardian: _____

