



REGISTRATION AND MEDICAL RELEASE

NAME _____ **BIRTHDATE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

MOTHER EMAIL _____ **(PLEASE CHECK PRIMARY)**

FATHER EMAIL _____

SINGER EMAIL _____

SCHOOL _____ **GRADE** _____

MUSIC TEACHER OR CHOIR DIRECTOR _____

SINGER RESIDES WITH: **FATHER** **MOTHER** **BOTH** **OTHER-** _____

PARENT INFORMATION

FATHER NAME _____

MOTHER NAME _____

ADDRESS _____

CITY _____ **ZIP** _____

CITY _____ **ZIP** _____

EMPLOYER _____

EMPLOYER _____

PHONES: HOME _____

HOME _____

WORK _____

WORK _____

CELL _____

CELL _____

PRELUDE CHOIR

CONCERT CHOIR

MASTER SINGERS

BELLA ROSA

PLEASE COMPLETE THE BACK OF THIS FORM

MEDICAL RELEASE

The bearer of this release has my permission as the parent or legal guardian of:

_____, age _____ to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment for my child by a licensed physician or emergency medical service agency. I further agree to pay all costs related to this emergency treatment.

PLEASE NOTE: IN AN EMERGENCY, IT IS IMPERATIVE THAT THE PARENT BE REACHED QUICKLY, THEREFORE PLEASE MAKE SURE THAT THE PHONE NUMBERS LISTED BELOW ARE CORRECT; NOTIFY THE CHOIR IMMEDIATELY WITH ANY CHANGES TO THESE EMERGENCY PHONE NUMBERS.

Physician _____ Phone _____

Preferred Hospital _____

Insurance carrier _____ Group plan or number _____

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

Please list any medications being taken _____

Emergency Notification if Parents cannot be reached

Name: _____ Phone: _____

MEDIA RELEASE

My child has permission to be photographed and recorded for publicity purposes:

_____ Date _____
Parent/Guardian signature