



EMC CHILDREN'S CHORUS REGISTRATION

2016-17 SEASON

Choirsters Last Name _____ Choristers First Name _____

Address _____ State _____ Zip _____

Birthdate (MM/DD/YYYY) ____/____/____ AGE _____ Gender _____

Guardian 1 Last Name _____ Guardian 1 First Name _____

Guardian 1 Relationship _____ Guardian 1 Email Address _____

Guardian 1 Home Phone # _____ Guardian 1 Cell Phone # _____

Guardian 2 Last Name _____ Guardian 2 First Name _____

Guardian 2 Home Phone # _____ Guardian 2 Cell Phone # _____

Guardian 2 Relationship _____ Guardian 2 Email Address _____

Photography Consent

I give permission for my child to be photographed, interviewed, and/or recorded on video or other electronic media. I authorize the Elgin Children's Chorus to use my child's name, likeness, voice and performance to publicize or promote the EMC Children's Chorus. Circle One: YES / NO

Signature _____ Date _____

Emergency Information

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

Signature _____ Date _____

I understand that neither EMC Children's Chorus, its staff or Directors, nor Elgin Community College will be held responsible for any liabilities, including injury, illness, or accidents suffered or incurred during participation in the activities of EMC's Children's Chorus.

Signature _____ Date _____