

SPOKANE AREA CHILDREN'S CHORUS

2010-2011 Chorus Season

Registration Form/Liability Release

Date: _____ Returning Member _____ New Member _____

Name: _____ Age: _____ Birthdate: ___/___/___

Address: _____ Girl _____ Boy _____

City State Zip

Home Phone _____ Cell Phone (parent) _____ Cell Phone (chorister) _____

Level: Preparatory Elementary Cambiata Intermediate Concert Ensemble
(Circle all that apply)

School of Attendance: _____ '10-'11 Grade Level: _____

Mom's Name: _____ Place of work and phone: _____

Dad's Name: _____ Place of work and phone: _____

I give permission for SACC to share the above information with choir families. Yes No

Email address: parent: _____ student: _____

Please email my statements and financial information

Shirt Size: (Circle only if you are ordering new) Youth: 10-12 14-16 18-20 Adult: S M L XL
(This is a part of the informal uniform for both boys and girls, and is worn frequently for performances. Cost \$12)

EXPECTATIONS AND COMMITMENTS: Membership in the SACC requires a full commitment from each member and his/her parents. Regular attendance is the most important aspect of a choir member's participation and progress in the chorus. Absences must be reported to the SACC office **prior** to rehearsal. Please see handbook for complete attendance policy.

LIABILITY RELEASE FORM

I, the parent or guardian of the above-named child/ward, give my permission for his/her participation in all activities, rehearsals, and performances of the Spokane Area Children's Chorus.

I hereby release and discharge the Spokane Area Children's Chorus, its agents, directors, and volunteers who participate in or conduct activities on behalf of the Spokane Area Children's Chorus from all claims, demands or actions which the parent or guardian's heirs, executors, administrators or assigns may have, against the Spokane Area Children's Chorus, its successors or assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the Spokane Area Children's Chorus, including, but not limited to, scheduled activities, rehearsals, and performances.

(Continued on reverse side)

PUBLICITY WAIVER: I give permission for the Spokane Area Children’s Chorus to use the likeness or voice of my child in published format, including, but not limited to: Internet, newspaper, magazine, printed or recorded materials, and television.

EMERGENCY AUTHORIZATION: If neither parent, or, if applicable, the guardian of a chorister can be reached, I hereby authorize the Spokane Area Children’s Chorus or its agents or volunteers to take my child/ward to the nearest available physician or facility for medical treatment in the event of any emergency. I authorize any licensed physician or medical facility to treat my child or ward.

If your child has a life-threatening condition (allergy, asthma, diabetes, etc), please contact the office for more detailed health information form.

Health concerns, allergies or disabilities of child/ward:

I, the parent or guardian, have read this registration and release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Name of Child:_____

Emergency Contact: Name:_____ Phone:_____

Health Insurance Company and Policy #_____

Signatures of Parents or guardians_____

Date:_____

Please return this form with the appropriate fee. Make checks payable to SACC:

New Members

\$35 Registration fee

\$12 SACC Polo Shirt

\$47 Total

Returning members

\$35 (+ \$12 if ordering SACC polo shirt)

\$35 total (\$47 w/shirt)

SACC ♦ 411 S. Washington St. ♦ Spokane WA 99204 ♦ Tel: 509-624-7992 ♦ Fax: 509-624-8028
chorus@SACCsings.org