



Registration, Waiver, & Medical Release

Choir Office: 883 Linden Road, Eighty Four 15330, 724.949.0048

Canticle singers: Return this completed form to the choir office with a \$25 registration fee to save your spot! No audition necessary.
Concordia and Cadenza singers: Return this completed form with a \$25 registration fee upon passing a successful audition.

Name _____ Sex: M ___ F ___ Birthdate ___/___/___

T-Shirt :Y8 Y10 Y12 Y16 Y18 AS AM AL.AXL School _____

Grade _____ Music Teacher _____ Instrument? _____

Parent e-mail: _____ Singer e-mail: _____

Preferred method of communication: E-mail Phone call Text Traditional Mail

Reside with: Mother _____ Father _____ Both _____ Other _____

Father or Guardian: _____ Spouse (if different than mother) _____

Address _____ Zip code _____

Occupation _____ Employer _____

Dad's Home Phone: _____ Cell: _____ Work: _____

Mother: _____ Spouse (if different than father) _____

Address _____ Zip code _____

Occupation _____ Employer _____

Mom's Home Phone : _____ Cell: _____ Work: _____

| | | | |
|-----------------------------------|---------------------------------------|-----------|---------|
| For SHCC Staff Use Only: | | | |
| Choir Level (Determined by SHCC): | Canticle | Concordia | Cadenza |
| Form Rev'd: _____/_____/_____ | Reg. Payment Rev'd: _____/_____/_____ | | |

Waiver

This waiver gives permission for the use of name, images, pictures, and recordings of my child, _____, by the South Hills Children's Choir without compensation except as may be agreed in advance for certain projects, this permission being a waiver as to all choir functions regardless of payment or other benefits to the choir.

Parent/Guardian _____ Date Signed _____

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 South Hills Children's Choir 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 South Hills Children's Choir, their employees, and agents from any claim of liability in connection therewith.

Parent/Guardian _____ Date Signed _____

Physician _____ Telephone Number _____

Insurance Carrier _____ Group # _____

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

I give permission for dispensing of over the counter medicines (i.e. Tylenol, Tums, Ibuprofen, etc.) as deemed necessary by the SHCC staff or the designated medical personnel.

Date Signed _____ Parent/Guardian _____

Emergency notification contacts if parents cannot be reached. (Please list two.)

Name and Telephone Number _____

Name and Telephone Number _____

SOUTH HILLS CHILDREN'S CHOIR FINANCIAL CONTRACT

(Must be signed and returned for child to participate in SHCC)

I agree to promptly pay the required fees for my child to participate in the South Hills Children's Choir for the 20____-20____ season. I understand that these fees and payment due dates are detailed in the financial section of the 20____-20____ South Hills Children's Choir Handbook (found at shcchoir.org), as they apply for the specific choir to which my child is assigned and accepts membership.

I, as parent or guardian, understand that I am making a financial commitment **to pay for the entire year** regardless if my child chooses to withdraw from the choir, and that said fees are to be paid in full by April 30, 20____. I further agree to pay any additional fees that may arise during the season based upon uniform needs, travel, and training opportunities that may apply to my child. Such additional fees will be communicated to me via statements of account for my child.

Responsible Parent/Guardian: _____ Date: _____
(Signature)

_____ Paying by (circle one): **In Full*** **2 Payments*** **7 Payments***
(Printed) (discounted)

Singer name: _____ Choir: _____

Singer name: _____ Choir: _____

Singer name: _____ Choir: _____

*See Handbook for Tuition information.