



KALAMAZOO CHILDREN'S CHORUS
2018 - 2019 REGISTRATION FORM
(Please print with ink or type. Sign at the bottom)
 P.O. Box 50414, Kalamazoo, MI 49005



Members Name: _____ **Birth Date** _____ **KCC Choir** _____

Address _____ **Primary Phone** _____
Cell phone? Yes No

City _____ **County** _____ **Zip Code** _____

Parent e-mail address _____
(Used to communicate timely & important KCC information. Please check regularly.)

School _____ **Grade** _____ **Year Joined KCC** _____

Do you already sing in a choir? _____ **If so, where?** _____

Do you play an instrument or participate in a school music program? _____
(Instrument)

T-Shirt Size (allow room for growth): **YOUTH SIZES:** YS YM YL YXL **ADULTS:** S M L XL 2XL 3XL

Ethnic Data: The following optional student information is requested by funding sources. Although optional, your answer would be greatly appreciated because it will help KCC qualify for funding.

___ American Indian ___ Asian or Pacific Islander

___ Black/African American ___ Hispanic/Latino ___ White/Caucasian ___ Other

Household Income (please circle): \$0-24,999 \$25,000-49,999 \$50,000-99,999 over \$100,000

Father's Name _____ **Mother's Name** _____

Alternate cell phone & carrier _____

Name & Choir of current KCC singer who told you about KCC: _____

Uniform Agreement

By signing below I take responsibility for my child's uniform. I understand that if any part of the KCC-owned uniform is lost, damaged or not returned by the required due date, I will be billed \$250.

Parent or Legal Guardian Signature

Photo Release

By signing below, I agree to allow KCC to use pictures of my child for marketing/advertising purposes only.

Parent or Legal Guardian Signature

Tuition Payments For Choirs at Milwood

By signing below, I agree to make all scheduled payments for tuition (as described in the KCC Handbook which is available online) regardless of my child's participation in the organization. In order to obtain a partial tuition refund I will notify KCC in writing that my child is dropping by the 2nd rehearsal (11:59 p.m. on Sept. 11, 2018). Although my child may drop at a later date, I agree to pay full tuition for the year. I promise to read the policies and procedures as outlined in the KCC Handbook.

Parent or Legal Guardian Signature

(Over)

MEDICAL INFORMATION

EMERGENCY CONTACT: *(In case parent or guardian cannot be reached)*

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Is this a cell phone? Yes No

DOCTOR:

Name: _____

Address: _____ Telephone: _____

Consent for Treatment of a Minor

(Print with ink or type. Sign at the bottom)

Date _____

I, _____ being the parent or legal guardian of _____ give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital by a licensed physician and the physician's assistant and designees including such hospital personnel as the physician may deem necessary. I do understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment.

The minor named in this consent may receive all treatment provided according to generally accepted standards of medical practice with the following limitations *(if none, write "none")*:

My consent is effective September 1, 2018 through the end of the 2018-2019 Concert Season.

Insurance Company: _____ Policy # _____

Parent or Legal Guardian Signature
(Over)