

KCC Hold My Spot Form 2021-2022 Season

We would love to have you join us again for the upcoming season!

Tuition for the 2021-2022 Season: If the Chorus is back in person again for next season the tuition will be \$425. Should you require financial assistance for the upcoming season, we will have scholarships available for those in need. We never turn down a student for their inability to pay the tuition costs.

Hold My Spot Deposit: A HMS non-refundable deposit of \$50 for next season is due by May 17th. This allows us to start of the season strong and provide opportunities right away for the choristers.

Chorister's Name: (Please Print)

Birthdate: _____ **School Name:** _____ **Grade in Fall:** _____

Would you like to continue in the same choir next season? Yes No

Do you wish to move up to another choir next season? Yes No

I give KCC permission to use my students photos on Social Media / Printed Media
Yes No

Parent/Guardian(s) & Address: _____

Phone Number: _____ **Secondary Phone Number:** _____

Email:

How was your HMS Deposit payed? Check # _____ Via PayPal

KCC Medical Release Form 2021-2022 Season

Medical Information

Emergency Contact: (In case Parent or Guardian can not be reached)

Name: _____ **Relationship to Student:** _____

Address: _____ **Phone Number:** _____

Primary Care Provider/Doctor: _____

Name: _____

Address: _____ **Phone Number:** _____

Consent for Treatment of a Minor

Date: _____

I, _____, being the legal guardian of _____ give my consent for emergency medial or 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 physicians's assistant and designees (including hospital personnel the physician my deem necessary). I do understand that hopsital 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 there are no guarantees that can be made concerning treatment.

The minor named in the consent may receive all treatment provided according to generally accepted stadards of medical practice with the following limitations (If none, write none).

My consent is effective from: _____ Until the remainder of my students time with KCC.

Insurance Company: _____

Signature: _____