



Choir (please circle): Musikgarten    Bella Voce    Young Men's Ensemble    Concert Choir

**Please PRINT neatly and fill out completely for each chorister.**

**2016—2017**

**Chorister Information**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Allergies \_\_\_\_\_ Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Chorister Cell Phone (if applicable) \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Parent./Guardian Information:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent./Guardian Information:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

*I authorize the Children's Chorus of Sussex County (CCSC) to publish the specified information in its Directory. I understand that the Directory is for the exclusive use of CCSC members and member families, and that no information will be shared with any other persons without my express written permission. Also, in the event of an emergency, I give my consent for emergency medical treatment as is deemed necessary. I understand that this authority will be exercised only if reasonable attempts to contact me should fail. Further, I consent that my child may be photographed, videotaped, and/or recorded and that the images/recordings may be made public in newspapers, television, radio, internet or other media.*

Parent/Guardian name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_