

(Please Attach Recent
Photo Here)

Registration & Medical Release

Please complete and return this form with your non-refundable \$50.00 deposit to insure your place in the choir!

Name _____ Telephone (____) _____
(First) (Middle) (Last)

Address _____ County _____
(Street) (City) (Zip)

Choir _____ Sex: M ___ F ___ Birthday ___/___/___ T-Shirt Size (adult sizes only) _____

Check primary e-mail address:

Please share your e-mail
address with us as we strive to
enhance our communications.

- Mother _____
 Father _____
 Child _____

Grade Fall 2005 _____ School _____ Parochial/Private/School Corp. _____

Music Teacher _____ Principal _____ School Phone _____

Reside with: Mother ___ Father ___ Both ___ Other ___ If "Other," please complete the following information:

Name _____ Relationship to member _____

Address _____ Telephone (____) _____
(Street) (City) (Zip)

Father's Information

Name _____

Spouse (if different than mother) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____

Work _____

Cell _____

Mother's Information

Name _____

Spouse (if different than father) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____

Work _____

Cell _____

Send Billing to: (Please check one)

Parents at above address _____ Father at above address _____ Mother at above address _____

Please complete the back of this form

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

Date Signed _____ Parent/Guardian _____

Choice of Physician _____ Telephone Number _____

Preferred Hospital _____ Insurance Carrier _____ Group # _____

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

Please list any medications being taken:

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

Date Signed _____ Parent/Guardian _____

Emergency Notification Contacts If Parents Cannot Be Reached (Please list two)

Waiver

This waiver gives permission for the use of name, images, pictures, and recordings of my child, _____, by the Indianapolis 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.

Date Signed _____ Parent/Guardian _____

Name of your local newspaper _____