 

**General Information**

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

Last First M.I.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP Code

Mobile Phone: ( ) Alternate Phone: ( )

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Age Today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you are under age 18:***

Parent/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP Code

Mobile Phone: ( ) Alternate Phone: ( )

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I’m listing multiple parent/guardian information here:

Do you have school/work commitments that might prevent you from attending rehearsals or performances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you play any instruments, what are they? How many years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to appear in public performances with the Chorus. If I am 18 years of age or older, I understand I must complete a Washington State Patrol Background check, and will provide necessary information for completion. I also understand that I can be dismissed from the Chorus for any reason by the Artistic Director.

By signing this form, I agree to follow the rules listed here and to meet the expectations required for all members of the Chorus when participating with and/or representing the group.

1. Chorus members agree to follow instructions as given by chorus staff or chaperones.

2. Chorus members will always behave in a way that is respectful to self and to others.

3. There will be no use of any illegal substances (including prescription drugs not specifically prescribed to the user) by any member. This applies to the consumption of alcohol by any Chorus member under the legal drinking age of 21 and to any member of legal drinking age while representing the Chorus either privately or publicly.

4. There will be no use of tobacco by any Chorus member while on Chorus business or while representing the Chorus publicly. This applies to all chorus members regardless of age.

5. Chorus members must attend all scheduled events, rehearsals and performances as specified by the Artistic Director. Punctuality and preparedness are not only practical, but are also forms of respect. Be on time.

6. If a chorus member is going to miss a rehearsal, performance or other scheduled event, it is that member’s responsibility to notify the Chorus Manager and/or Artistic Director.

7. Chorus members are expected to dress appropriately. Any questions or disputes on appropriateness are determined 100% by the Artistic Director.

8. No chorus member shall engage in behavior that will endanger others or themselves. If someone around you is behaving in an unsafe way, leave and tell chorus staff, parents and/or chaperones.

I have carefully read the rules stated above and agree to follow them while being a member of the Chorus. I understand that if I do not follow these rules, I will be ineligible to perform and may be asked to leave the chorus.

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For the parent or guardian of Chorus members who are under 18:***

I have carefully read the rules stated above, and I give permission to participate in the Chorus.

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

*Please note that the information on this form is for emergency medical purposes only. The questions you answer cover important information that a doctor may need to know to provide proper care for you in an emergency. Any information you provide will be kept strictly confidential and will be disclosed only in an emergency, and only for the purposes of obtaining emergency medical treatment.*

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

Last First M.I.

Are you currently under a doctor’s care for any medical condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently take any medications (including supplements, herbal remedies, or daily over-the-counter medicines)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card and/or Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Even if you are over 18 it is still advisable that you fill out this medical form for your safety and convenience in the case of a medical emergency. Please provide the following information for two people that we can contact in case of an emergency:*

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone ­­: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone ­­: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize an adult representative of the Chorus to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for me in a medical emergency.

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby authorize an adult representative of the Chorus to give consent for all reasonable emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for my child in a medical emergency.

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release**

All Chorus members please review and sign:

I hereby grant permission for the Chorus to use my unrestricted image including the display, distribution, publication, transmission, or other use of photographs, electronic images, audio recordings and/or video recordings taken of me for use in materials including, but not limited to, printed materials such as promotional brochures and newsletters, audio recordings, video recordings, and digital images such as those on the Chorus website or other internet locations. I agree that these images and recordings may be used for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand unless specified, my last name will not be used in conjunction with any audio or video recordings or digital images.

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Chorus members under age 18:***

I hereby grant permission for the Chorus to use the unrestricted image including the display, distribution, publication, transmission, or other use of photographs, electronic images, audio recordings and/or video recordings taken of (singer’s name:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for use in materials including, but not limited to, printed materials such as promotional brochures and newsletters, audio recordings, video recordings, and digital images such as those on the Chorus website internet locations. I agree that these images and recordings may be used for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand unless specified, the singer’s last name will not be used in conjunction with any audio or video recordings or digital images.

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

