

Please return this form with your registration fee of \$25 per child by August 10 to ensure your place in the choir!

Kokomo Children's Choir Member Information and Medical Release

Name _____ Sex: M F Birthdate ____/____/____
(First) (MI) (Last)

Address _____
(Street) (City) (Zip)

Telephone (____) _____ Live with: Mother ___ Father ___ Both ___ Other _____

KCC Choir _____ School _____ Grade _____

Ethnic Data (State and local grants require the choir to report ethnicity) _____

A = American Indian D = Asian or Pacific Islander C = Black/African American S = Hispanic B = White/Caucasian E = Other

Father's Info e-mail: _____

Mother's Info e-mail: _____

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Telephone: Work _____ Home _____

Telephone: Work _____ Home _____

Emergency Notification Person if Parents cannot be reached: (Please list two)

Name and Telephone Number

Name and Telephone Number

Choice of Physician _____ Telephone Number _____

Preferred Hospital _____ Insurance Carrier _____ Group # _____

Please list any special health problems (including allergies) and any medication currently being taken:

Medical Release

In the unlikely event that my child becomes ill or is injured and I or the authorized physician named above cannot be immediately contacted at the time of an emergency, and if in the judgement of the staff of the Kokomo 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 Kokomo Children's Choir, their employees and agents from any claim of liability in connection therewith.

Date Signed _____ Parent/Guardian _____

In the event that the choir member lives with a person other than his/her mother or father, please complete the following information:

Name _____ Relationship to member _____

Address _____ Telephone Number _____

Contract with The Kokomo Children's Choir
(Must be signed for child to participate in choir)

We agree to support the participation of our child in Kokomo Children's Choir, and to promptly pay the charges for such participation as are described in the KCC Information Handout. Students who need financial help can apply for partial tuition scholarships by filling out a scholarship application available from the KCC Business Manager, Ken Swinehart, at 457-0925.

Signed _____
Parent/Guardian

Date _____

* We further understand that the singer is making a one year commitment and agrees to participate for the entire year. We as parents understand that we are making a financial commitment for tuition for the entire choir year.

Parent/Guardian

Singer

Date _____

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

Parent's Signature

Date

*** PLEASE BE SURE BOTH YOU AND YOUR CHILD UNDERSTAND THAT THIS COMMITMENT IS FOR THE FULL YEAR.**