

JE _____ SE _____ CHILD'S LAST NAME _____

Bennington Children's Chorus
P.O. Box 335 Bennington, VT 05201
www.benningtonchildrenschorus.com

REGISTRATION FORM

Child's Name _____

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone (H) _____ (C) _____

Phone (H) _____ (C) _____

Phone (W) _____

Phone (W) _____

Email _____

Email _____

Occupation _____

Occupation _____

***Please indicate the best way to reach you. As email is the preferred means for BCC to communicate with parents, please let us know how often you check your email if this is an option for you. Indicate which parent/guardian (or both) would like to receive email.

Child's Date of Birth: _____

Height: _____

School: _____

Grade: _____

Vocal or musical instrument experience: _____

How did you hear about the Chorus? _____

What are your child's other talents/interests? (Dancing, acting, narrating, languages, drawing, etc.) _____

Is there anything else you feel we should know about your child? _____

(Continued on other side)

TELEVISION AND PHOTO RELEASE

I hereby allow my child's likeness or photograph to be displayed in any manner deemed necessary by the Bennington Children's Chorus for publicity or other purposes. I allow videotape and audio performances of my child to appear on television, radio or other media.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

ARE THERE ANY ILLNESSES FOR WHICH YOUR CHILD IS CURRENTLY RECEIVING TREATMENT OR MEDICATION? _____ PLEASE DESCRIBE AND LIST MEDICAL CONDITION, TREATMENT AND MEDICATIONS:

HAS YOUR CHILD EXPERIENCED HYPOTENSION, FAINTNESS OR DIZZINESS IN A PERFORMANCE SITUATION? _____

IF A MEDICAL EMERGENCY OCCURS AND PARENTS ARE NOT AVAILABLE, PLEASE NOTIFY:

NAME: _____ **PHONE #'S** _____

CHILD'S PHYSICIAN _____

PHYSICIAN PHONE _____

RELEASE AND MEDICAL AUTHORIZATION

As a condition of and in consideration for acceptance of my child into the Bennington Children's Chorus, we, the undersigned parents/guardians of _____, do on behalf of ourselves and our child do hereby release the Bennington Children's Chorus, its employees and officers, from any and all causes of action whatsoever (including, without limitation, actions for negligence) arising out of our child's participation herein. We understand and agree that the signing of this release will forever bar us and our child from suing the Bennington Children's Chorus or anyone connected with it for any reason connected to my child's participation in its programs.

In the event that my child is ill or injured, and in the opinion of the Bennington Children's Chorus immediate medical attention may be necessary and a parent or guardian cannot be reached, I authorize Bennington Children's Chorus to transport my child to an appropriate medical facility for treatment. I authorize a representative of the Bennington Children's Chorus to consent to any and all medical treatment of my child that the attending physician believes to be necessary under the circumstances.

I support my child in his/her commitment to the Chorus. I know that he/she must attend all rehearsals and performances. I understand that frequent tardiness, unexcused absences and improper behavior could result in probation or dismissal.

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I/we have read all of the releases described above, and agree to them.

Signature – Parent/Guardian 1

Date

Signature – Parent/Guardian 2

Date