CHAPEL CHOIR REGISTRATION 2014-2015

Name:_____

(Please Print) **Last** **First** **Middle**

Parent's (First and Last) Name(s): _____

Address:_____

Street **City** **Zip**

Phone: (Home) _____

(Mom/Dad Cell) _____ **(Student Cell)** _____

Student's email address: _____

Birthday: _____

School: _____ **Grade:** _____

Do you wish to be considered for a solo? _____**Yes** _____ **No**
Do you play any instruments? _____ **Yes** _____ **No**
Which one/s _____
Do you plan to go on Tour? _____**Yes** _____**No** _____ **Maybe**

(Fill out Reverse Side)

KNOWN ALLERGIES: _____

I authorize members of Chapel Choir Staff to administer first aid or authorize emergency medical treatment, if needed.

_____

(Parent Signature)

Check this box if you **DO NOT** want a photo of your child(ren) used in any church publication (newsletter, web, etc.). ☐

Insurance Carrier:_____ **Policy No.** _____

Parent's email address: _____

Emergency/Cell or Pager # _____