



Central Coast Children's Choir

CHORISTER REGISTRATION

(Aug/Sept 2017 - May 2018)

Singer's First Name		Singer's Last Name	
Birth Date	Age:	Home Phone	
School		Grade	
Singer Email		Singer Cell Phone	
Physician's Name		Physician's Phone	
Medical Conditions?			
How did you learn about CCCC (even if you are returning)?			
Does your company have a matching fund? If so, please list:			
Parent/Guardian #1		Cell Phone	
Occupation		Email	
Parent/Guardian #2		Cell Phone	
Occupation		Email	
Mailing Address		City/Zip	
Emergency Contact		Phone	

Please also complete the attached Chorister Financial Information Form

Waivers / Permissions - Please review and check box to the left before signing below.

- I release CCCC of liability for any injury during CCCC rehearsals and events. I give permission for emergency medical treatment for my child/ren in case of illness or injury.
- I give permission for my child/ren to be in CCCC promotional photographs without use of their name or identity.
- I give permission for my child/ren to be transported by car within SLO County by an adult driver appointed by CCCC for special events with advance notice. Driver will have CDL and proof of insurance on file with CCCC.
- I understand that our family is required to volunteer ten hours during the year.

Signature _____ Date _____

******When submitting registration, please include BOTH
Registration and Financial forms, along with appropriate initial payment.***

FOR OFFICE USE ONLY: COPIES TO Artistic Director Choir Director Emergency Binder

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