



Central Coast Children's Choir CHORISTER REGISTRATION (Jan - May 2017)

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?		
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 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 seven hours during the year.

Signature _____ Date _____

******When submitting registration, please include both forms and appropriate initial payment.***

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

8-17-16