

Delta Children's Choir Registration Form



Delta Choral Society

The purpose of gathering the information on this form is to provide Delta Choral Society the information they need to facilitate the activities of youth participating in the Delta Children's Choir program and to be able to contact parents, guardians and/or emergency contacts. This form is to be completed and signed by the parent/guardian before the beginning of each term along with registration fees.

Delta Choral Society has two children choirs. The **Primary Choir (Grade 1 to Grade 3)** and the **Intermediate Choir (Grade 4 to Grade 7)**. The cost is **\$60 per term per child** and payments should be by cheque. Cheques should be made payable to "Delta Choral Society". Requests for refunds must be made before the beginning of the second practice.

MEMBER INFORMATION:

Child 1 - Full Name*: _____
Date of Birth (mm/dd/yyyy)*: _____ Gender*: Male Female
School Grade (1 to 7)*: _____ Choir*: Primary Intermediate

Child 2 - Full Name*: _____
Date of Birth (mm/dd/yyyy)*: _____ Gender*: Male Female
School Grade (1 to 7)*: _____ Choir*: Primary Intermediate

Child 3 - Full Name*: _____
Date of Birth (mm/dd/yyyy)*: _____ Gender*: Male Female
School Grade (1 to 7)*: _____ Choir*: Primary Intermediate

Child 4 - Full Name*: _____
Date of Birth (mm/dd/yyyy)*: _____ Gender*: Male Female
School Grade (1 to 7)*: _____ Choir*: Primary Intermediate

Street Address*: _____
City*: _____ Prov: BC Postal Code*: _____

PARENT/GUARDIAN INFORMATION:

(provide both parents/guardians. If address is different than above, provide the new address)

Relationship to Child(ren)*: _____
Full Name*: _____
Mobile Phone*: _____ Home Phone: _____
Email*: _____
Street Address*: _____
City*: _____ Prov: BC Postal Code*: _____

Relationship to Child(ren)*: _____
Full Name*: _____
Mobile Phone*: _____ Home Phone: _____
Email*: _____
Street Address*: _____
City*: _____ Prov: BC Postal Code*: _____

ALTERNATE EMERGENCY CONTACT INFORMATION:

(provide at least one emergency contact in addition to parent/guardian above)

Emergency Contact 1*:**Relationship to Child(ren)*:** _____

Full Name*: _____

Mobile Phone*: _____

Home Phone: _____

Permission to pick up child(ren)*: Yes No**Emergency Contact 2:****Relationship to Child(ren)*:** _____

Full Name*: _____

Mobile Phone*: _____

Home Phone: _____

Permission to pick up child(ren)*: Yes No

MEDICAL INFORMATION*:Does your child(ren) have any allergies?* Yes No

If yes, please provide details below indicating the child name and severity (mild, severe, life threatening):

Please advise of any medical conditions, diseases, operations, disorders or problems your child(ren) have had or currently has below.

PHOTO RELEASE AND COMMUNICATIONS CONSENT:

Throughout the term, the choir may take photos and video of children participating in choir activities. These photos are typically taken for promotional material on the Delta Choral website or submitted to local newspapers for upcoming events.

Tick this box if you consent to the use of images of your child(ren)/ward(s) as indicated above.*

Tick this box if you wish to opt-in to receiving relevant and timely information about the Delta Choral Society via email or mail.*

CONSENT TO PARTICIPATE:

To be completed by the parent or guardian. I grant permission for my child(ren)/ward(s), to become be a member of the Delta Choral Society Children's Choir and participate fully in its activities.

X

Signature of Parent/Guardian Date (mm/dd/yyyy)

X

Signature of Parent/Guardian Date (mm/dd/yyyy)