

# Delta Youth or Children's Choir Registration Form



## Delta Choral Society

The purpose of gathering the information on this form is to provide Delta Choral Society (DCS) the information they need to facilitate the activities of youth participating in the Delta Youth or 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 and uniform fees. Mandatory fields are marked with the symbol \*

**Delta Choral Society** has two choirs for students. The **Delta Children's Choir** is for Grade 1 to Grade 4 students. The **Delta Youth Choir** is for Grade 5 to Grade 12 students. The registration cost is \$60 per person per term and the one-time purchase of a DCS polo shirt of \$23 is required. **The total cost is \$83 per person** for the first term and \$60 per person for each successive term unless a new shirt is required. Payments should be by cheque or cash. Requests for full refunds must be made before the beginning of the second practice.

### MEMBER INFORMATION:

Child 1 - Full Name\*: \_\_\_\_\_

School Grade (1 to 12)\*: \_\_\_\_\_ Gender\*:  Male  Female

Child 2 - Full Name\*: \_\_\_\_\_

School Grade (1 to 12)\*: \_\_\_\_\_ Gender\*:  Male  Female

Child 3 - Full Name\*: \_\_\_\_\_

School Grade (1 to 12)\*: \_\_\_\_\_ Gender\*:  Male  Female

### PARENT/GUARDIAN INFORMATION:

*(provide both parents/guardians. If address is different for parents/guardians, please list both )*

Full Name\*: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Prov: BC Postal Code\*: \_\_\_\_\_

Full Name\*: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary 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:

Full Name\*: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Permission to pick up child(ren)\*:  Yes  No

#### Emergency Contact 2:

Full Name\*: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Permission to pick up child(ren)\*:  Yes  No

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**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):

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

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**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 and participate fully in its activities.

In signing this consent, I give permission for my child's image or picture to appear in Delta Choral Society marketing and promotional material, social media accounts, website and other advertising venues. Also, I agree to receive relevant and timely information about the Delta Choral Society via email or mail during my child(ren) tenure as a member.

X

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

X

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