



## Adult Registration Form

The Purpose of gathering the information on this form is to provide the Delta Choral Society with the information they need to facilitate the activities of participating in the Delta Community Choir or Chamber Choir.

Mandatory fields are marked with the symbol \*

### MEMBER INFORMATION:

Full Name\*: \_\_\_\_\_

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

Address: \_\_\_\_\_

### MEDICAL INFORMATION:

Emergency Contact:

Full Name\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_

Please advise of any medical conditions you would like us to be aware of

### PHOTO RELEASE AND COMMUNICATIONS CONSENT:

Throughout the term, the choir may take photos and videos of the members 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. No personal identifying information will be used.

I consent to the use of images of myself as indicated above.\*

I consent to receive relevant and timely information from the Delta Choral Society via email or mail.\*

### CONSENT TO PARTICIPATE:

Signature

Date