



The purpose of gathering the information on this form is to provide Delta Choral Society with the information they need to facilitate the activities of youth participating in the Delta Youth/Children's Choir program and to be able to contact parents, guardians and/or emergency contacts.

Mandatory fields are marked with the symbol "**

MEMBER INFORMATION:

Child 1 - Full Name*: _____

School Grade (1 to 12)*: _____

Child 2 - Full Name*: _____

School Grade (1 to 12)*: _____

Child 3 - Full Name*: _____

School Grade (1 to 12)*: _____

PARENT/GUARDIAN INFORMATION

Full Name*: _____

Relationship to Youth*: _____

Primary Phone*: _____

Email*: _____

Address: _____

ALTERNATE EMERGENCY CONTACT INFORMATION:

(provide at least one emergency contact in addition to the 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

MEDICAL INFORMATION*:

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

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

Please advise of any other relevant 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 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. No personal identifying information will be used.

I consent to the use of images of my child(ren)/ward(s) as indicated above.*

I consent to receive relevant and timely information from 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 a member of the Delta Choral Society and participate fully in its activities.

Signature of Parent/Guardian Date