

REGISTRATION FORM/LIABILITY RELEASE
Choir Year 2020-2021



Date: _____

Chorister Name: _____ Age: _____ Birthdate: ___/___/___

Address: _____

City State Zip

Primary Phone _____ Cell Phone (parent) _____ Cell Phone (chorister) _____

Okay to Text? _____ Okay to Text? _____

Level: Piccolini Grazioso Spirare ABC (currently on hiatus)

School Name: _____ Grade Level as of 9/1/20: _____

Parent/Guardian Information:

Name _____ Employer: _____ Work Phone: _____

Name _____ Employer: _____ Work Phone: _____

Parent Email: _____ Student Email: _____

I give permission for SAYC to share the above information with choir families. Yes No

EXPECTATIONS AND COMMITMENTS: Membership in the Spokane Area Youth Choirs requires a full commitment from each member and their parents. Regular attendance is the most important aspect of a choir member's participation and progress in the chorus. Please report absences to the SAYC office **prior** to rehearsal. Volunteering and fundraising are requested of all families. More information is included in the handbook and tuition agreement.

EMERGENCY AUTHORIZATION: If neither parent, or, if applicable, the guardian of a chorister can be reached, I hereby authorize the Spokane Area Youth Choirs or its agents or volunteers to take my child/ward to the nearest available physician or facility for medical treatment in the event of any emergency. I authorize any licensed physician or medical facility to treat my child or ward.

_____ **initial here** and sign on reverse

If your child has a life-threatening condition (allergy, asthma, diabetes, etc.), please indicate below and contact the office to complete a more detailed health information form.

Health concerns, allergies, or disabilities of child/ward:

(Continued on reverse)

LIABILITY RELEASE FORM

I, the parent or guardian of the named child/ward, give my permission for their participation in all activities, rehearsals, and performances of the Spokane Area Youth Choirs.

I hereby release and discharge the Spokane Area Youth Choirs, its agents, directors, and volunteers who participate in or conduct activities on behalf of the Spokane Area Youth Choirs from all claims, demands, or actions that the parent or guardian's heirs, executors, administrators, or assigns may have against the Spokane Area Youth Choirs, its successors, or its assigns, for all personal injuries, known or unknown, to my child/ward and injuries to property, real or personal, caused by or arising directly or indirectly out of any activities conducted by the Spokane Area Youth Choirs, including, but not limited to scheduled activities, rehearsals, and performances.

PUBLICITY WAIVER: I give permission for the Spokane Area Youth Choirs to use the likeness or voice of my child/ward in published format, including, but not limited to Internet, newspaper, magazine, printed or recorded materials, and television.

I, the parent or guardian, have read this registration and release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Signature of Parent or Guardian _____

Signature of Parent or Guardian _____

Date: _____

Emergency Contact Name: _____ Phone: _____

Health Insurance Company and Policy # _____

\$50 Registration Fee

\$75 Family Rate for multiple children

Complete and return this form with registration fee to:

SAYC
411 S. Washington St
Spokane, WA 99204
509-624-7992 Fax: 509-624-8028
[**office@SAYChoirs.org**](mailto:office@SAYChoirs.org)

For Office Use:

Check # _____ Cash CC Online

Payment Amount: _____ Date: _____