

The Louisville Youth Choir, Inc.

Artists in Residence at the Ursuline School for the Performing Arts

Primary Choir Registration Form

(Please be as complete as possible and please print clearly.)

Singer's Name _____
Last First Nickname

Address _____
Street City State Zip

E-mail _____ Home Phone _____

Birth Date _____ School _____ Grade (20__ -20__)

School Music Teacher's Name _____

Religious Institution Music Director's Name _____

Mother's Name _____
Last First Middle

Address _____
Street City State Zip

E-mail _____ Home Phone _____

Occupation/Title _____ Employer _____

Work Phone _____ Cell Phone _____ Pager _____

Father's Name _____
Last First Middle

Address _____
Street City State Zip

E-mail _____ Home Phone _____

Occupation/Title _____ Employer _____

Work Phone _____ Cell Phone _____ Pager _____

CONTRACT

I agree to pay \$175.00 tuition in full at the time of registration for enrollment in The Louisville Youth Choir's Primary Choir. I understand that this fee includes 10 one-hour rehearsals on Tuesday evenings from 5:30-6:30 PM. Rehearsals will be held at the Ursuline School for the Performing Arts. The fee also includes a performance and one ticket to this performance. Finally, the fee includes a rental white tuxedo shirt and a rental bow tie to be worn for the performance; the singer must provide black shoes and black pants or a black skirt with black tights to wear with these items. By signing this document, I agree to the fee and all of the items contained here within.

Signature of Parent/Guardian Responsible for Payment

Date

The Louisville Youth Choir, Inc.

Consent for Emergency Medical Treatment (EMT) 20 -20

For events sponsored by
The Louisville Youth Choir, Inc.
3105 Lexington Road, Louisville, Kentucky 40206

Singer's Name _____ Birthdate _____

Current Medications _____

Current Known Allergies _____

Current Special Medical Problems _____

Date of Last Tetanus Shot _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

Optional Phone _____

Family Physician _____

Physician's Phone Number _____

If you cannot be located, who should be notified in the event of an illness or accident?

Name _____ Phone Number _____

Relationship to singer _____

If emergency medical treatment is necessary, the hospital may require the following information:

Insurance Provider _____ Policy Number _____

Policy Holder's Name _____

EMERGENCY TREATMENT AUTHORIZATION: In case of medical emergency involving the member listed, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. In the event that a parent/guardian cannot be reached, I grant written permission to any member of the Louisville Youth Choir, Inc. staff or its representative to authorize the appropriate medical/dental/hospital personnel to render emergency medical/dental care. I (we) agree to pay for the normal and customary charges of the doctor/dentist/hospital for any treatments and/or medications received by the said member. I (we) also acknowledge that the Louisville Youth Choir, Inc. will not be held legally responsible for any accident that may occur.

Signature of Parent/Guardian _____

Date _____

Witness _____

Date _____