

THE LOUISVILLE YOUTH CHOIR SUMMER CAMPS

Registration Form Summer Vocal Camp ~ Bella Voce Camp

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__) _____

T-shirt Size _____ Adult or Youth (Circle one.)

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 _____

Please complete with full names as applicable; this information will be used in concert programs.

School Music Teacher's Name _____

Religious Institution and Music Director's Name _____

Current Vocal Teacher _____ # Years of Study _____

Former Vocal Teacher _____ # Years of Study _____

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 _____

*******Bella Voce Applicants ONLY*******

Please list any past performance experience.

NAME _____

Please list past and present vocal repertoire.

Have you had any instrumental or music theory experience? (Circle one.) No Yes

If yes, please explain:

FOR OFFICE USE ONLY:

Range: _____ Voice Part: _____ Score (1-10): _____

Comments:

Camp Repertoire Possibilities:
