



Registration Form 2017

Due Date: September 15, 2017

Registration Fee: \$10.00 (includes t-shirt, sheet music, learning tracks)

STUDENT APPLICATION

PLEASE PRINT:

First Name: _____ Last Name _____

T-shirt size: S M L XL 2X 3X (check one)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Email: _____

School: _____ Grade: _____

Voice part: (please consult your music teacher) Soprano I Soprano II Alto I Alto II

Statement of obligation:

I understand that as a participant I will be prepared musically, mentally, and physically for the rehearsal and performance.

Student signature: _____ Date: _____

PARENTAL PERMISSION AND EMERGENCY FORM

_____ has my permission to participate in the 2017 Sweet Expectations on September 23, 2017 and I hereby authorize the Workshop coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

- 1. Emergency contact: _____ Phone: (c) _____ (h) _____
- 2. Emergency contact: _____ Phone: (c) _____ (h) _____

My daughter will be traveling to and from the event (check one)

Parent or Guardian

Other Adult Supervision (specify) _____

Student is authorized to drive by herself (parent signature required under 18) _____

PHOTO PERMISSION

I give permission to photograph or video my child(ren) for publicity in group activities related to the program.

MEDICAL INFORMATION Please inform us of any special medical conditions (use back if necessary)

Medication allergies _____

Food Allergies or Special Dietary Needs _____

Will medicine of any kind be needed during the day? Y or N (If so, what and when?) _____

Parent Signature: _____ Date: _____

DUE DATE: September 15, 2017

Please return completed registration form and check (payable to **Champlain Valley Chorus**) to:

Diane Sabourin
Sweet Expectations Coordinator
62 Club Road, #104
Plattsburgh, NY 12903