



HCCA Children's / Treble / Youth Chorales

Family Info Form

Year: 20__

Huntsville Community Chorus Association

PRINT singer names (eldest to youngest) as they should appear in the concert programs!

Singer's Name _____ Sex _____ Grade _____ Choir: C ___ T ___ Y ___

Email _____ School _____ Music Teacher _____

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Email _____ School _____ Music Teacher _____

Singers reside with: ___ Mother ___ Father ___ Both ___ Other If other, complete the following info:

Name _____ Relationship to Singer _____

Address _____

Street

City

Zip

Best email _____ Best phone # _____

Father's Name _____

Mother's Name _____

Spouse (if not mother) _____

Spouse (if not father) _____

Address (if different) _____

Address (if different) _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Phones Cell _____

Phones Cell _____

Home _____

Home _____

Work _____

Work _____

List other family members singing in the Adult Chorus _____

If new this year, how did you hear about us? _____

Do you work for a company that matches Employee Donations? (Matching Gifts Program) ___ Yes ___ No



Huntsville Community Chorus Association

HCCA Children's / Treble / Youth Chorales Medical Release and Media Waiver

Please PRINT clearly!

Student's Name _____ Date of Birth _____

Medical Release

In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the Huntsville Community Chorus Association immediate emergency observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the Huntsville Community Chorus Association, their employees, and agents from any claim of liability in connection therewith.

Parent/Guardian Signature _____ Date Signed _____

Choice of Physician _____ Phone _____

Preferred Hospital _____

Insurance Carrier _____ Group # _____

List any special health issues, allergies and learning disabilities: _____

List any medications being taken: _____

Emergency Contacts if Parent/Guardian cannot be reached (please list two!)

Name Relationship Phone

Name Relationship Phone

Media Waiver

This waiver gives my permission for the use of name, images, pictures and recordings of my child by the Huntsville Community Chorus Association in printed and social media marketing.

Parent/Guardian Signature _____ Date Signed _____

Replacement Agreement for Damaged Music

We agree to return the music provided to your youth during season to be returned undamaged, and in the condition it was provided. If damaged, we will be charged a replacement fee.

Parent/Guardian Signature _____ Date Signed _____

Student Signature _____ Date Signed _____