



Registration Form Children's Chorale 2021-22

Name _____ Parent Telephone (____) _____
(First) (Middle) (Last)

Address _____
(Street) (City) (Zip)

Sex: M ____ F ____ Birth date ____/____/____ T-Shirt Size _____

E-mail addresses:

Mother _____

Father _____

Grade _____ School _____

Music Teacher _____

Resides with: Mother ____ Father ____ Both ____ Other ____ If other, please complete the following information:

Name _____ Relationship to member _____

Address _____
(Street) (City) (Zip)

Father's Information:

Name _____

Spouse (if different than mother) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____
Work _____
Cell _____

Mother's Information:

Name _____

Spouse (if different than father) _____

Address _____

Occupation _____

Employer _____

Phones: Home _____
Work _____
Cell _____

Do you work for a company which matches funds? ____ Yes ____ No

Please list any other family members singing in a HCCA Chorus: _____

Please turn over and complete backside of this form.



Huntsville Community Chorus Association

HCCA Youth / Treble / Children's / Young Singers 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 _____