



SINGER INFORMATION FORM 09-10



Singer's Name (as you would like it to appear in programs, publicity, etc.):

Our family's personal contact information may be shared with other NYC families. [ ]Yes [ ]No

Birth date: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

cell: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Parent email(s) (required): \_\_\_\_\_

Singer email (optional): \_\_\_\_\_

Emergency Contact (in the event a parent cannot be reached):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal & Medical Info

List allergies: \_\_\_\_\_

Are singer's immunizations up to date? [ ]Yes [ ]No

Is singer a vegetarian? [ ]Yes [ ]No

May singer be given Advil and/or Tylenol? [ ]Yes [ ]No If yes, circle acceptable medications.

Does your singer have any behavioral or medical issues that our staff should be aware of? All information is kept confidential. (Use additional space on back of form if necessary.)

Medical Insurance (required by hospitals)

Policy Holder: \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy/ID number: \_\_\_\_\_

Publicity Release

My child's picture may be used for NYC publicity/recruitment purposes. [ ]Yes [ ]No

Waiver of Liability

I give permission to NYC to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the choir. In case of emergency, I understand that my child will be transported at my expense to a medical facility by local emergency services for treatment if the local emergency resource services (police, rescue squad) deems it necessary. I understand that in some medical situations, the staff will need to contact the local emergency services and/or perform other actions on the child's behalf before contacting a parent.

I hereby waive and release Northfield Youth Choirs, all NYC staff, and its rehearsal/performance facilities from any and all liability for any injury and/or illness incurred while participating in choir activities.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_