

# YOUNG EL PASO SINGERS

## 2009 - 2010 CHOIR SEASON

524 Thunderbird, El Paso, TX

Artistic Director - Dr. Cynthia L. Jay

Accompanist - Ruben Gutierrez

## REGISTRATION FORM

Rehearsal Schedule: Tuesdays from 5:00 - 7:00 (until future notice), October to May

Payment for first term (October through January) is \$40.00 (an additional \$20.00 will be due February 1<sup>st</sup>) New singers for the spring term only - \$40.00 due February 1<sup>st</sup>

*Please Print*

Singers Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Fee Paid \_\_\_\_\_

Parent Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

For questions or audition times, call Dr. Cindy Jay - 915-581-4503, or [e-mail-cljaybird@hotmail.com](mailto:e-mail-cljaybird@hotmail.com)

## PARENTAL (Guardian) PERMISSION FORM

For all persons participating in a Young El Paso Singers activity:

Name(s) of participant(s): \_\_\_\_\_

If under age 18, list names of parents, guardians, or custodian:

\_\_\_\_\_

Contact information for parents, guardians, or custodian:

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

Home Phone: \_\_\_\_\_ Cell/Business Phone: \_\_\_\_\_

List any physical conditions that the participant may have, such as allergies, nervousness, headaches, etc:

\_\_\_\_\_

List any special instructions, which would affect medical treatment to the participant, such as allergy to penicillin, having a rare blood type, etc: \_\_\_\_\_

Participant has received a vaccine for the following:

Tetanus: Yes/No Date, if known: \_\_\_\_\_

Polio: Yes/No Date, if known: \_\_\_\_\_

Medical Insurance: Yes/No Insurance Company: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Principal Insured: \_\_\_\_\_

I/we, \_\_\_\_\_ and \_\_\_\_\_ the parents, guardian, or custodian who has present care, custody and control of \_\_\_\_\_, do hereby give permission for the said minor to participate in Young El Paso Singers beginning October 2009 and ending in May 2010. Further, permission is hereby given for said minor to participate in all choir activities.

In the event of an emergency necessitating medical treatment, consent is hereby given authorizing any member of Young El Paso Singers Staff, or any adult sponsor at the activity who has care and control of the above named minor to consent to medical treatment in the event I/we cannot be contacted. Further, any attending physician is hereby given the right, having received consent to medical treatment of the above named minor by such person or persons, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in the physicians discretion be necessary and proper under the circumstances as if I/we were present and had given such consent.

I/we agree that the person or persons signing this Parental Permission Form shall be responsible for all financial obligations incurred for medical treatments provided to the above named minor, and shall indemnify and reimburse Young El Paso Singers, its representatives or activity sponsors for all funds paid by them to secure such treatment.

I/we the undersigned parents, guardian, or custodian of \_\_\_\_\_, a minor, do hereby release, acquit, discharge and covenant to hold harmless Young El Paso Singers, its representatives and its activity sponsors from any and all actions, causes of action, damages, or liabilities arising out of the treatment of any illness or injury of the said minor, or any injury to said minor arising out of any accident occurring at said activity.

--To be completed by participant if 18 years of age or older:

I, \_\_\_\_\_ am 18 years of age or older and will participate in Young El Paso Singers 2009 - 2010 season, beginning October 2009 and ending May 2010. I have listed on this form all known physical/medical concerns that I have which may need attention during the activity. I have read this Permission Form and agree to the terms of the same. I hereby release Young El Paso Singers, its representatives and its activity sponsors from any and all actions, causes of action, damages, or liabilities arising out of the treatment of any illness or injury I might suffer at this activity, or arising from any accident, which might occur, at this activity causing injury to me. I further agree that I shall be responsible for all financial obligations incurred for medical treatments provided to me and shall indemnify and reimburse Young El Paso Singers, its representatives and activity sponsors for all funds paid by them to secure such treatment.

DATED: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_