



YOUNG EL PASO SINGERS

2011 -2012 Season

Artistic Director - Dr. Cynthia L. Jay

Accompanist - Ruben Gutierrez

524 Thunderbird, El Paso, TX

Rehearsal Schedule: Tuesdays from 5:00 - 7:00 September to May.

Each semester is \$75 a semester. The full year for both semesters is \$125 a savings of \$25. \$50 down payment is required at first rehearsal, with the remaining due no later than the October 4th rehearsal.

REGISTRATION FORM

Please fill out both sides

Please Print **Parent Information:**

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

E-mail _____

Singers Information:

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

E-mail _____

For questions, call Dr. Cindy Jay: 915-581-4503, or email: cindyjay@thepeakofbalance.com

MEDIA RELEASE FORM

I hereby give permission to the YES choir/news media to photograph/video tape/interview my child. It is my understanding that this photograph/video/interview or portions thereof will be used for public view.

I agree to participate in these projects without financial remuneration, and I understand that this releases the YES choir/photographer/videographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/video/interview.

Name of child _____

Signature of parent or guardian: _____ Date: _____

PARENTAL (Guardian) PERMISSION FORM

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

Name(s) of participant(s): _____

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: _____

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

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 2010 and ending in May 2011. 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 2010 - 2011 season, beginning October 2010 and ending May 2011. 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: _____