



# Central Coast Youth Chorus

## CHORISTER REGISTRATION FORM

Jan 2019 - May 2019

Singer's First Name		Singer's Last Name
Birth Date	Age:	Home Phone
School		Grade
Singer Email		Singer Cell Phone
Physician's Name		Physician's Phone
Medical Conditions?		
How did you learn about CCYC (even if you are returning)?		
Does your company have a matching fund? If so, please list:		
Parent/Guardian #1		Cell Phone
Occupation		Email
Parent/Guardian #2		Cell Phone
Occupation		Email
Mailing Address		City/Zip
Emergency Contact		Phone

***Please also complete the attached Chorister Financial Information Form***

**Waivers / Permissions - Please review and check the boxes to the left before signing below.**

- I release CCYC of liability for any injury during CCYC rehearsals and events. I give permission for emergency medical treatment for my child/ren in case of illness or injury.
- I give permission for my child/ren to be in CCYC promotional photographs, videos, and social media content without use of their name or identity.
- I give permission for my child/ren to be transported by car within SLO County by an adult driver appointed by CCYC for special events with advance notice. Driver will have CDL and proof of insurance on file with CCYC.
- I understand that our family is required to volunteer 10 hours during the season.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*\*When submitting registration, please include BOTH  
Registration and Financial forms, along with appropriate initial payment.\*\****

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**FOR OFFICE USE ONLY:** COPIES TO     Artistic Director     Choir Director     Emergency Binder

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 www.CentralCoastYouthChorus.org