



Choir Registration Form

2018-2019

Chorister Information

Singer's name: _____ Gender: _____ Age: _____ Birth Date: _____

Singer's grade in fall of 2018: _____ School: _____

Singer's email (optional): _____

Instrument(s) Played: _____ How many years? _____

Parent/Guardian Information

Primary Contact

Name: _____ Relationship to singer: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ Singer's Main Residence: YES NO

Secondary Contact

Name: _____ Relationship to singer: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ Singer's Main Residence: YES NO

How did you hear about Crescendo? Please include name of referral if applicable. _____

Chorister Safety Information

Emergency Contact Name: _____ **Phone:** _____

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy # _____

Allergies, including drug reactions: _____

Regular medications you would like us to be aware of: _____

Date of last Tetanus: _____

List any special needs that your singer may require, or other medical information we should know in order to facilitate a safe, healthy, and enjoyable choir experience:
