

Major Minors Youth Chorus Member Application

Personal Information (Please Print or Type)

Full Name: _____
Last *Name you go by* *Preferred Pronoun*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Mobile Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Age: _____

Please do not add my telephone and email information to the chorus member contact list to be distributed to chorus members and staff. I understand that my contact information will only be used for chorus business purposes.

Parent/Guardian Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Please look! I have listed multiple parent/guardian information on back of form.

My parent(s)/guardian(s) are aware of my participation in Major Mnors.

Member Background

School _____ Last Grade Completed: _____

Do you have school/work commitments that might prevent you from attending rehearsals or performances? If so, what are they?

If you play any instruments, what are they? _____ How many years? _____

Vocal Part: (if you do not know, please leave blank)

Soprano Alto Tenor Baritone/Bass

Would you like to be connected with other members for carpooling? _____ From what area? _____

() *Member Initial* --I agree to appear in public performances with Youth Chorus. I also understand that I can be dismissed from the Chorus for any reason by the Artistic Director.

Printed Name: _____ Signature: _____
Date

Major Minors Youth Chorus - Emergency Medical Information

To Be Completed by all Members: Personal Information

Please note that the information on this form is for emergency medical purposes only. The questions you answer cover important information that a doctor may need to know to provide proper care for you in an emergency. **Any information you provide will be kept strictly confidential and will be disclosed only in an emergency, and only for purposes of obtaining emergency medical treatment.**

Name: _____

Do you have any allergies? yes ____ no ____

If yes, what are you allergic to? _____

Reactions to allergy: _____

Have you ever had a reaction severe enough to require emergency medical treatment (epinephrine shot, trip to ER, etc.)?

yes ____ no ____

Are you currently under a doctor's care for any medical condition? yes ____ no ____

If yes, what is the condition? _____

Doctor's name and phone number: _____

Do you currently take any medications (including supplements, herbal remedies, or daily over-the-counter medicines)? yes ____ no ____

If yes, please list any/all medications you take regularly or often and give their dosages. _____

If you are over 18 it is still advisable that you fill out this medical form for your safety and convenience in the case of a medical emergency. Please provide the following information for two people that we can contact in case of an emergency:

Name: _____

Day phone: (____) _____ Alternate: (____) _____

Evening phone: (____) _____

Relationship to Member: _____

Name: _____

Day phone: (____) _____ Alternate: (____) _____

Evening phone: (____) _____

Relationship to Member: _____

Major Minors Youth Chorus - Emergency Consent Form

To Be Completed by all Members

Name of chorus member: _____
(Please Print Full Name)

Parent/Guardian Name: _____
(Please Print Name)

Home phone: _____ Cellular phone: _____

Medical Insurance Provider: _____

Card # _____ Group # _____

Card/Insurance Holder: _____

Physician: _____ Physician's office phone: _____

I hereby authorize an adult representative of Major Minors to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for me in a medical emergency.

Signature of Chorus Member (Date)

I/We hereby authorize an adult representative of Major Minors to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for my child in a medical emergency.

Signature of Parent/Guardian (if under 18) (Date)

Major Minors Youth Chorus Behavior Expectations

By signing this form, you agree to follow the rules listed here and to meet the expectations required for all members of Major Minors when participating in and/or representing the chorus.

1. Chorus members must prepare for and attend all scheduled events, rehearsals and performances as specified by the artistic director. Be on time and bring your music and a pencil.
2. If a chorus member is going to miss a rehearsal, performance, or other Major Minors scheduled event, it is that member's responsibility to notify the Chorus Manager.
3. Chorus members will behave in a way that is respectful to self and others.
4. All chorus members will follow instructions as given to them by chorus staff, parents or chaperones.
5. There will be no use of any illegal substances (including prescription drugs not specifically prescribed to the user) or alcohol by any Major Minors member while in uniform or while representing Major Minors publicly.
6. There will be no use of tobacco or vape by any Major Minors member while on Major Minors business or while representing Major Minors publicly.
7. No chorus member shall engage in behavior that will endanger others or themselves. If someone around you is behaving in an unsafe way, leave and tell chorus staff, parents or chaperones.

ALL chorus members please read and sign:

I have carefully read the rules stated above and agree to follow them while being a member of Major Minors. I understand that if I do not follow these rules, I will be ineligible to perform and may be asked to leave the chorus.

Member Name: _____ Signature: _____
Please Print *Date*

For the parent or guardian of choir members who are under 18:

I have carefully read the rules stated above, and I give my son or daughter permission to participate in Major Minors.

Parent/Guardian Name: _____ Signature: _____
Please Print *Date*

Major Minors Youth Chorus Media Release

Parental Permission for Members Under 18

I, the undersigned, do hereby grant permission to Major Minors to use the image of my child _____ unrestricted, including the display, distribution, publication, transmission, or other use of photographs, images, audio recordings and/or video recordings taken of my child for use in materials including, but not limited to, printed materials such as brochures and newsletters, audio recordings, video recordings, and digital images such as those on the Major Minors website. I agree that these images and recordings may be used by Major Minors for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand that the child's last name will not be used in conjunction with any audio or video recordings or digital images.

Parent/guardian (Please Print)

Parent/guardian signature

Date

Individual Permission for Members 18 and Over

I, the undersigned, do hereby grant permission to Major Minors to use my image unrestricted including the display, distribution, publication, transmission, or otherwise use of photographs, images, audio recordings and/or video recordings taken of me for use in materials including, but not limited to, printed materials such as brochures and newsletters, audio recordings, video recordings, and digital images such as those on the Major Minors Website. I agree that these images and recordings may be used by Major Minors for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand that my last name will not be used in conjunction with any audio or video recordings or digital images.

Chorus Member (Please Print)

Member signature

Date