Troy Children’s Chorus (Grades 5 – 12) Registration

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<th>Children’s names</th>
<th>Grade</th>
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Parent/Guardian Name(s): ____________________________________________

Phone 1: ___________________________; Phone 2: ___________________________

E-mail address: ____________________________________

How did you hear about Troy Children’s Chorus? _________________________________________________

In addition to the above-named parents, the following individuals are authorized to sign-out my child from rehearsals:

______________________________________________________________________________

Enclosed check (made out to *Troy Children’s Chorus*) or cash:

☐ $150 Semester Tuition ($75 for sibling)

☐ Please contact me as I am interested in a payment plan or scholarship

☐ $_______ Tax-deductible Donation to *Troy Children’s Chorus*- THANK YOU!

$_______ TOTAL

_I have read the chorus expectations on the back of this form and agree to adhere to them. Following these expectations helps create a safe, supportive environment so that we may learn and have fun!_

___________________________________  ____________________________________
Chorister Signature                  Parent or Guardian Signature

**Picture Use Permission:**
I give Troy Children’s Chorus at First United Presbyterian Church permission to include photos/videos of my child for promotional use, including but not limited to the chorus website, and informational brochures.

________________________________________
Parent/Guardian Signature
The following commitments are required to participate in the Children’s Chorus:

- Children are accepted with the understanding that they will contribute constructively and do their very best.

- Choristers are expected to be present and on time for all rehearsals/performances. If a chorister cannot be present at a rehearsal or performance, the parent should contact the director 24 hours prior to rehearsal/ performance. Two missed rehearsals are allowed per semester, and one missed performance per year. Most dress rehearsals will be mandatory. Extra rehearsals may be called as needed for special events. Being present at every rehearsal helps each chorister become confident in their ability to do their very best and allows the chorus to develop vocal balance and blend. If absences exceed either of the above, chorister’s participation in the ensemble will be brought under review, and the chorister may no longer be allowed to participate.

- Tuition of $150 ($75 sibling) is required at the beginning of each semester (need based scholarships are available). In addition, parents will be expected to purchase a vest in the fall and a polo shirt in the spring, instructions will be given separately for ordering.

- There are no specific Covid-19 restrictions currently. Your child is welcome to wear a mask if they choose. For the health of all, children must NOT attend rehearsal if they are not feeling well or have had a fever within the last 24 hours of a rehearsal. If a child complains of cold or flu-like symptoms at rehearsal, they will be moved to a separate area and parents will be expected to pick them up as soon as possible.

- Assignments will be sent home from time to time to reinforce music skills or repertoire. Please encourage your child to complete them before the next rehearsal.

- Each chorister will be responsible for bringing a pencil, and water to each rehearsal.

Your child will be considered officially registered when the following forms and fees have been submitted. You may submit the forms by email and bring the tuition to the first rehearsal, or mail them to: TCC in residence at First United Presbyterian Church, 1917 5th Ave, Troy, NY 12180

- Signed Registration Form
- Medical Release Form (both sides, please)
- Tuition

If you have any questions, please contact Kristen at 518-945-8TCC or troyccdirector@gmail.com.

I am so excited get started and I’m so pleased that you’ve decided to join us!

Sincerely,

Kristen Witham
Artistic Director
Troy Children’s Chorus
troyccdirector@gmail.com
www.troychildrenschorus.org
Troy Children’s Chorus  
In residence at First United Presbyterian Church  

**Medical Release Form**  
(One form per child)

Please Print:

Name of Child: _____________________________________________________________________________

Date of Birth: _____________________________________________________________________________

Address: ___________________________________________________________________________________

City: __________________________ State: __________________ Zip: ________________________________

Parent/Guardian Name(s): ___________________________________________________________________________________

Address (if different from child): ___________________________________________________________________________

City: __________________________ State: __________________ Zip: ________________________________

Phone 1: ______________________ Phone 2: ______________________________

**Emergency Contact Person (if different from above):**

Name: ________________________________________________________________________________

Phone 1: ______________________ Phone 2: ______________________________

Do you have health insurance? Yes No

Name of Insurance Company: ________________________________________________________________________________

Policy Number: ________________________________________________________________________________

Group Number: ________________________________________________________________________________

In whose name is the insurance? ________________________________________________________________________________

Family Doctor: ___________________________________________________________________________________ Phone: __________________________________________________________________

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at any activity.

**Health History:** Circle and explain any pre-existing or present medical conditions, i.e.:  
Diabetes, asthma, motion sickness, physical disability, frequent colds, emotional/behavioral disability, sleep disturbances, stomach aches, seizure disorders, appliances (contact lenses, retainers, etc.)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Please list any allergies:

__________________________________________________________________________________________
__________________________________________________________________________________________

Troy Children’s Chorus does not administer medications of any kind.

If your child should require medical attentions for injuries received or illnesses contracted before any activity, please send us the necessary information to give him/her proper medical care during his/her time at choir.

I understand that in the event that medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during Troy Children’s Chorus, I hereby give my permission to the physician, dentist, or licensed nurse selected by First United Presbyterian Church to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First United Presbyterian Church through its accident policy will be used as a backup for what my family’s insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by First United Presbyterian Church and the staff of Troy Children’s Chorus during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First United Presbyterian Church or the Troy Children’s Chorus, its leaders, employees, and volunteer staff liable for damages, losses, diseases, including Covid-19, or injuries incurred by the subject of this form.

_____________________________  ________________
Parent/Guardian Signature       Date

***Please submit this completed form to the director of Troy Children’s Chorus***
***No child can be admitted without a completed Medical Release Form***