

**Shenandoah Valley Children's Choir**

Music Department  
Eastern Mennonite University

Explorers I

Explorers II

**Explorers Registration Form 2011-2012**

**Member Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street city zip

E-mail (member) \_\_\_\_\_ (parent) \_\_\_\_\_

Live with \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Homeschooled  Name of Homeschool Association if any \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

School Choir Director \_\_\_\_\_

Church Choir Director \_\_\_\_\_ Church name \_\_\_\_\_

T-shirt size (circle one) youth S youth M youth L adult S adult M adult L XL

Number of years in SVCC, including this year (circle one) 1 2 3 4 5 6 7 8 9 10 11

List private music and dance lessons, teachers and number of years studied

\_\_\_\_\_  
\_\_\_\_\_

Siblings: *please list names and ages of all siblings*

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

**Father/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Home phone # \_\_\_\_\_

Cellular phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Community involvement (boards, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Home phone # \_\_\_\_\_

Cellular phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Community involvement (boards, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

*Please list the names of emergency contacts in the event a parent can not be reached.*

**Emergency Contact 1**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship to member \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Relationship to member \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Insurance name \_\_\_\_\_ Group # \_\_\_\_\_

In the unlikely event that my child becomes ill or is injured, and I or the authorized physician named above cannot be immediately contacted at the time of the emergency, and if the staff of the SVCC judges that immediate observation or treatment is necessary, I authorize and direct the SVCC staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the Shenandoah Valley Children’s Choir and its staff, and Eastern Mennonite University from any claim of liability in connection therewith.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Allergies/Medication Information**

Please list any special health problems, allergies, and medications currently taken regularly

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Publicity Permission**

I, as a parent or guardian of my child, on behalf of my child, hereby grant permission for the Shenandoah Valley Children’s Choir and Eastern Mennonite University to use and publish any photograph, video, or voice recording of my child taken during choir activities, in newsletters, newspapers, magazines, brochures, websites, or other media promotional or educational purposes.

Name of Chorister \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_