

Carden School Choir Registration
2015-2016

Name of Student _____

Name of Parent or Guardian _____

Address _____

Phone: Days () _____ Evenings () _____

E-mail address: _____

Students Grade _____ Teacher _____

Group (Please check) _____ Apprentice Choir (Grades 2 & 3)

_____ Concert Choir (Grades 4 - 8)

_____ I am willing to assist with transportation:

_____ During School Hours

_____ Evenings and Weekends

Comments: _____

Emergency Release

Name of student _____, has my permission to attend all of the Carden Choir activities for the 2015 - 16 school year. I understand that transportation will be provided by parents or by bus. In case of an emergency, I authorize medical treatment for my child, _____.

This is to include X-ray examination, anesthetic and medical or hospital care under the general or special supervision and advice of a licensed physician, surgeon or dentist.

I have read and understand the parent's role, and will make every attempt to follow guidelines. I understand that the commitment is for the duration of the school year. Exceptions to this must be discussed with the director.

Signature of Parent _____ Date _____

Emergency Contact Person _____ Phone _____

\$80.00 registration fee attached