

TCC Primary Chorus (Grades Prekindergarten – I) Registration

Children's names	Grade

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:

- \$95 Semester Tuition (\$50 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!

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 TCC Jr.:

- Children are accepted with the understanding that they will contribute to the team and do their very best.
- Tuition of \$95 (\$50 sibling) is required at the beginning of *each semester* (need based scholarships are available).
- 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.
- Simple assignments may be sent home from time to time to reinforce music skills or repertoire. Please encourage your child to complete them before the next 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 troyccdirector@gmail.com or 518-945-8TCC.

I am so excited to be offering this chorus for our younger children and I'm so pleased that you've decided to join us!

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