

Reaching Out Through Music

St James Town Children's Choir
Registration 2018-2019

Rehearsals held **Thursdays**, 4 - 5:15 pm, gr. 3 to gr. 8 at The Church of St Peter and St Simon, 525 Bloor St East

Please **PRINT** clearly. Email a copy to ed.rotm@gmail.com, or bring to first rehearsal.

Student's **First Name** _____ Year Joined ROTM _____

Last Name _____ Date of Birth _____

School: _____

Grade _____ Music Teacher(if any) _____

Home mailing address: _____

Family contact information:

Parent/Guardian's Name: _____

Tel. no (home) _____ (cell) _____

E-mail (please **print** clearly) _____

confirm E-mail (print) _____

Other parent/Guardian's Name: _____

Tel. no (home) _____ (cell) _____

Other information:

Food or other **allergies** (please name each):

My child uses and carries an EpiPen: yes ___ no ___

Medical Treatment Authorization:

In case of an emergency, I authorize the ROTM to take my child to the nearest medical facility.

X Parent's signature _____

Photo/Audio/ Video Release Authorization:

I understand that audio recordings, photos and/or videotapes may be published of the St James Town Children's choir participants, including my child. I hereby give my consent for my Child to be audio recorded, photographed or videotaped in connection with his/her participation in the program.

I agree that Reaching Out Through Music may use the material for educational and promotional purposes only. It will not identify my child by name or allow any third party to use the photos without permission.

X Parent's signature _____

Dismissal Authorization:

Other adults who are allowed to **pick up your child** after rehearsal (please print)

1. _____

2. _____

3. _____

My child **is allowed to walk home on his/her own** after rehearsal:

Yes _____ No _____

Registration Fee: \$20. Please bring to first rehearsal, Thursday, September 20, 2018.

X Parent's signature: _____

THANK YOU VERY MUCH!