



Date \_\_\_\_\_

## Volunteer Singer Registration Form

VOLUNTEER (Please print)

NAME:

First \_\_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I sing: (Please check one box)

I do not know my voice part

SOPRANO

ALTO

TENOR

BASS

### **EMERGENCY INFORMATION:**

Allergies/Medical Conditions: \_\_\_\_\_

Special Medication : (Epi pen, etc.) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

List one emergency contact person:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

### **MEDIA RELEASE:** (Please check box and sign to indicate your permission.)

I give my permission to be featured in any and all of the Joyful Voices promotional materials and media efforts.

Signature \_\_\_\_\_