



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 _____