



Summer Sounds Choral Camp

Registration Form: July 15 – 19, 2019

Please print and return both this registration form, and the 2nd page release form.

Singer's Information

First Name _____ Last Name _____

Date of Birth _____ Grade in 2019-2020 School year _____

Singer's T-shirt Size: Circle One: *Youth* M L *Adult* S M L XL

Parent/Guardian Information

Parent Name (m) _____

Parent Name (f) _____

Parent Email: _____

Parent Email 2: _____

Cell Phone 1: (mother) _____

Cell Phone 2: (father) _____

Work Phone: _____ Home Phone: _____

EMERGENCY CONTACT NAME AND NUMBER (Contact may be the parent, and this contact should be available to be reached during camp time). # _____ #

I give permission for the use of name, image, pictures, and recordings of my child (ren), listed above, by the Noteworthy Community Choir without compensation except as may be agreed in advance for certain projects, this permission being a waiver as to all choir functions regardless of payment or other benefits to the choir.

Parent Signature _____

(Signature required to complete registration, as is completion and return of the RELEASE FORM)

CAMP TUITION: \$85 (Early-bird: \$75 if postmarked by May 15, including all forms)

Registration is complete when all registration forms AND tuition payment is received.

Returned Checks: \$25 NCC fee.

Sibling Discount: If registering a sibling for camp, please reduce tuition for each additional sibling by \$25.

Thank you for registering! Please make checks payable to: Noteworthy Community Choir, and send to: NCC, 2613 State Route 81, Ada OH 45810

Noteworthy Community Choir

RELEASE FORM: Minor Participant

2613 SR 81, Ada OH 45810

April 1 – December 31, 2019

Child Participant Name _____

(Please complete one release form for each child)

Parent/Guardian – Please initial each clause below:

_____ I hereby authorize my child to participate in classes, auditions, and performances offered by Noteworthy Community Choir (NCC) and at such locations as deemed necessary by NCC. By execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for my child's benefit and that such services constitute adequate consideration herein. I hereby release and forever discharge NCC and its employees, agents, officers and directors from any and all claims, demands, rights and causes of action of whatever kind that I may have or on behalf of my child, arising out of or in any way connected with their participation in this program. This includes, but is not limited to, any physical injury incurred or future medical issue arising from participation in or by the NCC program while on the premises of NCC or at any other location designated by NCC required for participation in the program. I further convey and expressly agree that for the consideration stated above, I will not bring any lawsuit against NCC and hold harmless any party or entity listed above for any claim of damages arising out of my participation in the program.

_____ By signing this release form, I certify that my child is capable of safely participating in this program and has no known medical issues or concerns restricting their participation.

Picture/Video Release: (please initial one of the spaces) _____ I hereby consent, or; _____ I do not consent to the professional use by NCC, an agent of NCC, or entity affiliated with NCC, of my child's picture, photograph, or other representative likeness that may be recorded or reproduced by means of photography, art, or audio/video recording in a commercial capacity as may be deemed appropriate by NCC.

Social Media Release: (please initial one of the spaces) _____ I hereby consent, or; _____ I do not consent to the use of my child's picture, video, or other photographic or video reproduction in any form on any social media platform (i.e., facebook, twitter, Instagram, etc.) by NCC, NCC agent or affiliate of NCC.

I, Parent/Guardian of the participant, have read and fully understand the terms of this Release.

Parent/Guardian Name(s)/Phone # _____

Mailing Address _____ Zip _____ Email: _____

Emergency Contact (Name/Relation/Phone #) _____

List any health, behavioral or learning concerns that may impact child's participation. If none, write N/A.

Parent/Guardian Signature _____ Date _____