NCC Registration Form

2613 SR 81, Ada, OH 45810 (419) 679-8259 www.noteworthycc.org

Child's Name				Today's Date	
				School Attended	
Sibling information 1) Name: Age: Years			Grade	Class option:	
Parents or Guardia	ans		E-	mail	
Address			City	Zip	
Phone 1:		Phone 2:		Emergency Contact:	
Circle One Choir for	participation:	Treble Makers (n	on-auditioned) Sounds (aud	itioned)
How did you hear	about Notewo	orthy Community	Choir?		
canceled due to insuffici fee will be assessed for	ent enrollment an returned checks, p	d for written notification wayable in cash. Tuition w	n of withdrawal re	A full refund will be given for any ceived 8 days before choir beginged in cash only.	
l a _l	gree to the terms (outlined above.		Г	
Pa	rent/Guardian Sig	nature & Date	. <u></u>	Tuition: Sibling Fee:	\$ \$
Please remit payment to 2613 SR 81, Ada OH 458	•	oteworthy Community Cl	noir)	Registration fee: Total Due: Amt. Paid: Check #/Cash	\$ <u>15.00</u> \$ <u></u> \$

RELEASE FORM

NCC, 2613 SR 81, Ada OH 45810 June, 2021 – May, 2022

Child's Name(s)
Please initial each clause:
I hereby authorize my child to participate in classes, auditions, and performances offered 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 Vicki Mills, Noteworthy Community Choir and its employees and agents, from any and all claims, demands, rights and causes of actions of whatever kind that I may have, either on my own behalf or in my capacity as my child's legal representative, arising out of or in any way connected with my child's participation in this program. This includes, but is not limited to, any physical injury incurred by myself or my child while on the premises of NCC, or any other location designated by NCC. I further covenant and agree that for the consideration stated above, I will not sue any of the entities listed above for any claim of damages arising out of my child's participation in the program. By execution of this Release, I certify that my child is capable of safely participating in this program.
I hereby consent to the dignified use by Vicki Mills, NCC, or any person, agent or entity affiliated with NCC, of my, or my child's picture, likeness or other representation which picture, likeness or other representation may be recorded or reproduced by means of photographic film, audio or video means. I furthermore consent to the dignified use of my picture, likeness, or other representation as stated in this clause.
I have read and fully understand the terms of this Release
Parent/Guardian's Consent (please print)Date
Parent's SignatureEmergency Phone #

Please list medical or behavioral considerations of which the teacher should be aware: