

# BERKSHIRE CHILDREN'S CHORUS

## 2020-2021 Registration Form

Junior Choir (1st-5th Grades, Tuesdays, 5:00-6:00) \_\_\_\_\_  
Senior Choir (6th-9th Grades, Tuesdays, 5:00-6:30) \_\_\_\_\_  
Coda (10th-12th Grades, Tuesdays, 6:45-8:15) \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address (if different from below): \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade in School September 2020 \_\_\_ School Attending \_\_\_\_\_

Musical Experience: \_\_\_\_\_

### Parent/Guardian 1

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian 2

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

**In case of emergency**, if parent(s)/guardian(s) cannot be reached, Berkshire Children's Chorus should contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Other Information:

Physician with telephone #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Provider and Policy #: \_\_\_\_\_

Please list allergies and allergies to any medications or other health concerns.

I/We grant permission for my child to be photographed or videotaped during the normal chorus activities and/or special occasions during the course of the choir year, and authorize use of such in the Berkshire Children's Chorus's newsletters, communications, publicity and advertising.

### LIABILITY WAIVER

I/We give permission for my/our child, \_\_\_\_\_, to allow him/her to participate in all activities of the BCC, and I assume all risks and hazards incidental to this participation.

Parent's signature: \_\_\_\_\_ Date \_\_\_\_\_

Berkshire Children's Chorus PO Box 18 Sheffield, MA 01257  
phone: 413.229.2465 www.berkshirechildrenschorus.org