



**CINCINNATI**  
CHORAL ACADEMY

***A collaborative program brought to you by:***

*The Cincinnati Children's Choir, Cincinnati May Festival, and Vocal Arts Ensemble (VAE).*

***With generous support provided by:***

ArtsWave, Ohio Arts Council, which receives support from the State of Ohio and the National Endowment for the Arts, The Andrew Jergens Foundation, The Ladislav and Vilma Segoe Family Foundation, The Nellie Leaman Taft Foundation,  
&

The Louise Dieterle Nippert Musical Arts Foundation.

Please fill out the form below, and return it to your teacher during rehearsal:

**Sarah Grogan**  
*Cincinnati Choral Academy*  
Director

Student's Name \_\_\_\_\_

**Lisa Newell**  
*Rees E. Price Academy*  
Teacher

Gender (circle) M F Age \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_

**Anna Caldwell**  
*Roll Hill School*  
Teacher

T-shirt size (circle) Youth: S M L Adult: S M L XL

**Keri McGuire**  
*Roberts Paideia Academy*  
Teacher

Please check all that apply (for use in our records and grant writing only).

Appalachian  African American  Asian  Caucasian/White  Latino/Hispanic  Native American  Disability

**Robyn Lana**  
*Cincinnati Children's Choir*  
Founder & Artistic Director

Homeroom Teacher \_\_\_\_\_

**Steven Sunderman**  
*May Festival*  
*Vocal Arts Ensemble*  
Executive Director

Address \_\_\_\_\_

**Lauren Hess**  
*Cincinnati Children's Choir*  
Executive Director

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Rachel Breeden**  
*Cincinnati Children's Choir*  
Community Engagement &  
Marketing Director

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

My child will participate in the Cincinnati Choral Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**EMERGENCY MEDICAL FORM**  
**Cincinnati Choral Academy 2017 - 2018**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**PARENT INFORMATION AND RELEASE**

**Mother/Guardian Name:** \_\_\_\_\_

Address (if different than singer): \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening) Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Address (if different than singer): \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening) Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**ALLERGIES/SPECIAL MEDICAL CONDITIONS: Facts about child's health, including allergies, medications, conditions that medical personnel or administrators need to know in case of emergency. Include physical conditions that may affect the child's participation in any way.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all Choir activities except as specifically noted.

**AUTHORIZATION FOR TREATMENT:** In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**MEDIA RELEASE:**

During the course of the Cincinnati Choral Academy (CCA) we may appear on TV, in the newspaper, or online in marketing for CCA or other special events. In addition, CCA may print brochures, fliers, and promotional videos for future use that could include your singer(s) image. Singers will not be identified individually in these formats. Please sign below, indicating that it is okay for your singers to be showcased in these areas.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_