



## Cincinnati Public School Honor Choir

**Congratulations!** Your child, \_\_\_\_\_, has been recommended by his/her music teacher to participate in the 8<sup>th</sup> Annual **CPS Honor Choir!** This exciting opportunity will take place on Saturday, April 13<sup>th</sup> and 27<sup>th</sup> (10:00am-3:00pm) at Allen Temple AME church (7080 Reading Rd, Cincinnati, OH 45237) and culminate in a concert on Saturday, April 27<sup>th</sup> from 3-4pm in Allen Temple AME Church. **THERE IS NO COST TO PARTICIPATE.** Talented vocal music students will have the opportunity to learn in a creative environment and will be challenged with advanced music experiences. Students will join together to learn a variety of multicultural music selections and participate in cooperative music activities. Members of the Cincinnati Youth Choir will assist with and participate in rehearsals. It is an honor for your child to be selected to participate in this memorable and rewarding event. The CPS Honor Choir will be directed by **Robyn Reeves Lana**, and **Dr. Rollo Dilworth**. Please see attached form for further information.

The singers are sure to have a wonderful learning experience as well as lots of FUN! **If your child is able to participate, please complete and return the front and back of this registration form to your vocal music teacher.** Although you are welcome, it is not necessary to stay with your child each day.

|   |   |
|---|---|
| *Child's First & Last Name:   | *Grade:   |
| *Child's School:  | *Child's Classroom Teacher:   |
| *Circle one:<br>Male                      or                      Female  | *Phone Number:  |
| *Address:   | *Parent's Name:   |
| *City:  | *State:   |
| *Zip Code:  | *Email:   |
| *Height IN INCHES:  | *T-Shirt Size, Please Circle One:<br>Youth:      small      medium      large<br>Adult:      small      medium      large      XL |
| <b>Please circle all that apply for your child.</b> Optional. For statistical grant-writing use only.<br>Appalachian - African American -Asian/Pacific Islander - Caucasian/White - Latino/Hispanic -Native American - Disabled<br>Other: |   |

I would like to receive FREE Metro passes for my child, & myself to use to get to and from rehearsals. YES\_\_\_ NO\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

**Parents/Guardians: Please have your child return this form to your recommending teacher/music teacher.**

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\*To be filled out by recommending teacher\*

\*Teacher's Name (as it should appear in the program) \_\_\_\_\_  
(Please Print)

\*School Name (as it should appear in the program) \_\_\_\_\_  
(Please Print)

\*I recommend the above student \_\_\_\_\_  
(Teacher's Signature)

**Music teachers:** Please scan or mail your singers' completed forms to Rachel Breeden at [rbreeden@cincinnati choir.org](mailto:rbreeden@cincinnati choir.org)  
 Mail to: Cincinnati Youth Choir University of Cincinnati College-Conservatory of Music Cincinnati, Ohio 45221-0236.  
**Registration Deadline is April 1, 2019**

Full program details can be found online  
 at [www.cincinnati choir.org](http://www.cincinnati choir.org) under the "Join A Choir" tab.

**EMERGENCY MEDICAL FORM**

**CPS Honor Choir 2019**

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.

**RELEASE FORM:** During the course of the CPS Honor Choir program we may appear on TV, in the newspaper or online in marketing for CYC or special events. In addition, we may print brochures, flyers, etc...for CYC that could include your singer(s). Singers will not be identified individually in these formats. Please sign below, indicating that it is okay for your singers to be pictured in these areas. Thank you for your support!

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

This is renewed each season.