

Cincinnati Youth Choir

Audition/Registration Information

2019-2020

Name:	Birthdate:	Grade (2019-20):	Height:
Street Address:	Shirt Size, Please Circle One: Youth: small medium large Adult: small medium large XL		
City/Town:	State:	Zip code:	
Parent's/Guardian's Name:	Parent's Email:		
Home Phone:	Work Phone:		
School:	District:		

1. Please check all that apply (optional, for use in our records and grant writing only).
 Appalachian African American Asian Caucasian/White Latino/Hispanic Native American Disability
2. Are you a member of your school chorus? Yes No
 If no, why not? _____
3. Have you ever sung in a choir? Yes No
 If yes, please list the choirs. _____
4. Have you ever had voice lessons? Yes No
 If yes, who was your teacher? _____
5. List any instruments that you play and how long you have played them. _____
6. List any instrumental ensembles that you have been a member of _____
7. How did you find out about CYC? Digital Billboard TV/Print/Online private lessons school church other
 If other, please explain. _____
8. Parent(s) occupation(s) and employer(s) _____
9. Are you willing to commit to CYC for a full session? (Child's answer please) Yes No
10. Are you willing/able to commit to Saturday, or Tuesday and/or Thursday nights?
 Saturdays, or Tuesdays Thursdays Both

I understand my child is auditioning for the Cincinnati Youth Choir. I promise that, if accepted, we will make every effort to join the program and will inform the CYC office of our decision. Parent Signature _____

Audition Results (do not write in this box):

Quality CGC/CYMC BC CB A V PC O _____

Pitch 1 2 3 4 5 6 7 8 9 10 _____

Accuracy 1 2 3 4 5 6 7 8 9 10 _____

Aural Memory 1 2 3 CGC/CYMC BC CB A V PC _____

Rhythm CGC/CYMC BC CB A V PC _____

Solfegio CGC/CYMC BC CB A V PC _____

Independence CGC/CYMC BC CB A V PC _____

Range _____

Comments: _____

Choir Assigned: CGC CYMC Bel Canto Con Brio Allegro Vivace Piccolo Coro Satellite

Signature _____ Date _____

EMERGENCY MEDICAL FORM
Cincinnati Youth Choir 2019 - 2020

Child's Name _____ Date of Birth _____

Phone # _____ Alternate Phone # _____

Address _____

City _____ State _____ Zip _____

School Name: _____

Choir Name: _____

PARENT INFORMATION AND RELEASE

Parent/Guardian Name: _____

Address (if different than singer): _____

Preferred Phone: _____ Secondary Phone: _____

E-mail: _____

Parent/Guardian Name: _____

Address (if different than singer): _____

Preferred Phone: _____ Secondary 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.

CYC possesses an ample supply of Acetaminophen, Ibuprofen, and Antihistamine in our office. To give CYC permission to distribute medications to your child as needed, circle "PRN." If you desire a phone call before administering, circle "CALL"

Acetaminophen (Tylenol)	See manufacturer's directions	PRN	CALL
Ibuprofen (Motrin/Advil)	See manufacturer's directions	PRN	CALL
Antihistamine (Benadryl)	See manufacturer's directions	PRN	CALL

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 Youth Choir (CYC) we may appear on TV, in the newspaper, or online in marketing for CYC or other special events. In addition, CYC 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: _____