

CYC Sing-A-Bration Choral Camp
University of Cincinnati, College-Conservatory of Music
July 27 – August 1, 2020
 9:00AM – 4:00PM Monday –Friday, 1:00-5:00PM Saturday

Registration Form

*Child's name:	*Age (as of 7/30/20): *Grade completed (as of July 2020)
*Circle one: <div style="text-align: center;">Male or Female</div>	*Phone Number:
*Address:	*Parent Name:
*City:	*State:
*Zip Code:	*Email:
*Height (needed for seating arrangements):	*T-Shirt Size, Please Circle One: Youth: small medium large Adult: small medium large XL
How did you hear about this program (circle all that apply): Newspaper - Online search engine (i.e. Google, Yahoo) Referral from private lessons - School - Church Yard Signs - Existing CYC Singer - Other:	Please circle all that apply for your child. Optional. For statistical grant-writing use only. Appalachian - African American -Asian/Pacific Islander - Caucasian/White - Latino/Hispanic -Native American - Disabled Other:

Parent Volunteers Requested

Parent volunteers are needed throughout the week. Volunteers help escort singers to/from classes & restrooms, while enjoying the creative energy of the singers in their learning environment. Volunteers also assist the staff with supervising the singers while on campus. If you have any time available during the week, we would greatly appreciate your services and promise a fun experience for you. Please let us know when you are available by filling out the form below. Full days are preferred but half days are welcome. We will notify you of your scheduled times and duties as soon as the schedule is complete (about 2 weeks prior to choral camp). Thank you for your help.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30-12:30	8:30-12:30	8:30-12:30	8:30-12:30	8:30-12:30	1:00-5:00
12:15-4:15	12:15-4:15	12:15-4:15	12:15-4:15	12:15-4:15	
all day	all day	all day	all day	all day	

Your child may be photographed/filmed for marketing purposes. I hereby grant permission to CYC to use his/her image on the website and in print/TV. I understand that photos/videos will not be identified by name.

Parent's Signature _____

\$190 tuition must accompany registration. Registrations will be accepted on a first come first served basis. Tuition is partially refundable (up to July 1 = 100%, July 2 – 10 = 50%, after July 10 = 0%). **REGISTRATION IS NOT COMPLETE WITHOUT FULL PAYMENT OR SUBMITTED FINANCIAL AID APPLICATION AVAILABLE ONLINE.** You may pay the tuition online at www.cincinnati choir.org. Select "Tuition Payment & Donation" and choose "Sing-A-Bration" as your Payment Type. You may also pay by check or money order (payable to "CYC") by sending it to the address below.

Send completed form (and payment) to:
Cincinnati Youth Choir Sing-A-Bration
College-Conservatory of Music
Preparatory Department
University of Cincinnati
Cincinnati, Ohio 45221-0236

Registration Deadline is July 1, 2020

*Music Teacher's Name (as it should appear in the program) _____

*School Name (as it should appear in the program) _____

*Music Teachers email address _____

For office use only: Payment: Check # _____ Money Order _____ Scholarship Amount Awarded _____ Total Payment Due _____

* Denotes Mandatory Information – application will not be considered complete if information omitted which could jeopardize enrollment.

EMERGENCY MEDICAL FORM - CYC Sing-A-Bration 2020

This is renewed each year

Child's Name _____ Date of Birth _____

Phone # _____ Alternate Phone # _____

Address _____

City _____ State _____ Zip _____

School _____

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.

PARENT SIGNATURE: _____ DATE: _____