



A collaborative program brought to you by:
The Cincinnati Youth Choir, 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:

Student's Name _____

Sarah Grogan
Cincinnati Choral Academy
Director

Gender (circle) M F Age _____ Grade _____ Height _____

Robyn Lana
Cincinnati Youth Choir
Founder & Artistic Director

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

Steven Sunderman
May Festival
Vocal Arts Ensemble
Executive Director

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

Lauren Hess
Cincinnati Youth Choir
Executive Director

Homeroom Teacher _____

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

Address _____

City _____ Zip _____

Parent/Guardian Name _____

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 2019 - 2020

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: _____