



 Cincinnati *Youth* Choir

CPS Honor Choir

March 16 and April 13, 2024

10:00 am-3:00 pm

Free Concert: April 13, 3-4 pm

**Location: Allen Temple AME Church,
7080 Reading Rd, Cincinnati, OH 45237**

- 3rd - 7th grade singers eligible
- Mentored by members of the Cincinnati Youth Choir
- Two fun-filled days of rehearsals and one outstanding performance
- Led by award-winning conductors: Robyn Lana, CYC Founder & Artistic Director, and Dr. Rollo Dilworth, Vice Dean & Professor of Choral Music Education at Boyer College of Music and Dance – Temple University.

Give your singers this enriching opportunity by nominating them for our
CPS Honor Choir!

Forms and details available online at:
www.cincinnati choir.org/cps-honor-choir

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Cincinnati Public School Honor Choir – Registration

March 16 & April 13, 2024

Child’s First & Last Name: _____

Address (Street, City, State & Zip): _____

School: _____ Teacher: _____

Grade: _____ Age: _____ Height in inches: _____

T-Shirt Size, Please Circle One: Youth: small medium large

Adult: small medium large XL

Child’s Demographics (for grant writing purposes only):

Gender Identity (Circle one): Female Male Non-Binary Prefer Not to Say

Please circle all that apply for your child. African American Appalachian Asian/Pacific Islander

Caucasian/White Latino/Hispanic Native American Mixed Race

Other: _____ Prefer Not to Say

Child has a disability: Yes No Prefer Not to Say

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

MEDIA RELEASE: During the course of the CYC Season, CYC will share virtual concert performances showcasing singers, and they 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 image. Singers will not be identified by name individually unless parents provide written consent for special circumstances. Please sign below, indicating that it is okay for your singers image to be displayed in these areas. Thank you for your support! I agree with above statement I disagree with the above statement

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 by March 1.

To be filled out by recommending teacher

*Teacher’s Name (as it should appear in the program) _____
(Please Print)

*I recommend the above student _____
(Teacher’s Signature)

*Students vocal part (Please circle one): **Soprano** or **Alto**

Music teachers: Please scan or mail your singers’ completed forms to Erin Horton at ehorton@cincinnatiyouthchoir.org
Mail to: Cincinnati Youth Choir UC-CCM, 290 CCM Blvd Room 3860, PO box 210236, Cincinnati, Ohio 45221-0236.

Registration Deadline is March 1, 2024

**EMERGENCY MEDICAL FORM
CYC CPS Honor Choir 2024**

Name _____ Date of Birth _____

Phone # _____ Alternate Phone # _____

Address _____

City _____ State _____ Zip _____

School Name: _____

PARENT INFORMATION AND RELEASE

Parent/Guardian Name: _____

Address (if different than singer): _____

Phone (day): _____ Phone (evening) Cell Phone: _____

E-mail: _____

Second Parent/Guardian Name: _____

Address (if different than singer): _____

Phone (day): _____ Phone (evening) Cell Phone: _____

E-mail: _____

PHYSICIAN: _____ **PHONE #:** _____

DENTIST: _____ **PHONE #:** _____

Preferred Hospital: _____

Food Allergies/Dietary restrictions: _____

MEDICAL 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/GUARDIAN SIGNATURE: _____ DATE: _____