



Congratulations! Your child has been recommended by his/her music teacher to participate in the 12th Annual **CPS Honor Choir!** This exciting opportunity will take place on Saturday, April 26th and May 3rd (10:00am-3:00pm) at Allen Temple AME church (7080 Reading Rd, Cincinnati, OH 45237) and culminate in a concert on Saturday, May 3rd (3:00pm-4:00pm at Allen Temple AME Church). ***THERE IS NO COST TO PARTICIPATE and lunch is provided at both rehearsals.*** 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 award-winning 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 renowned conductors: **Robyn Reeves Lana**, and **Dr. Rollo Dilworth**.

The singers are sure to have a wonderful learning experience as well as lots of FUN! 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 Music Teacher:	
*Parent/Guardian Name:		*Parent/Guardian Phone Number:	
*Address:		*Parent/Guardian Email:	
*City:		*State & Zip Code:	
* T-Shirt Size Please Check One: <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult XL <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult XXL <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large		*I would like to receive FREE Metro passes for my child & one adult to use to get to and from rehearsals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Demographics: Cincinnati Youth Choir is a non-profit organization that receives funding from private foundations, Ohio Arts Council, and the National Endowment for the Arts. These organizations ask for the demographics of the participants in our programs. This information is presented in summary form and not attached to any individual name. Completing this information is <i>optional</i> .		Child's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to say	Singer's Race: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Appalachian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Mixed Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Prefer not to say
		Child has a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	

Parent/Guardian's Signature _____

Parents/Guardians: Please have your child return this form to your recommending teacher/music teacher by March 21st.

TO BE FILLED OUT BY RECOMMENDING TEACHER

*Music 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** or **Not Sure**

MUSIC TEACHERS: Please email or mail your singers' completed forms to info@cincinnatiyouthchoir.org or complete the online form through the QR code provided. **All registrations are due by March 21, 2025.**

Mail to: Cincinnati Youth Choir
 University of Cincinnati College-Conservatory of Music
 290 CCM Blvd., Room 3860, PO Box 210236
 Cincinnati, Ohio 45221-0236



**EMERGENCY MEDICAL FORM
CPS Honor Choir 2025**

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION AND RELEASE

Mother/Guardian Name: _____

Address (if different than singer): _____

Phone Number: _____

E-mail: _____

Father/Guardian Name: _____

Address (if different than singer): _____

Phone Number: _____

E-mail: _____

PHYSICIAN: _____ **PHONE #:** _____

DENTIST: _____ **PHONE #:** _____

Preferred Hospital: _____

FOOD ALLERGIES/DIETARY RESTRICTIONS: _____

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 CYC choir program your singer 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 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: _____