



# Pro Musica Youth Chorus

Jan Patterson, Director

## 2011-2012 Registration Form

A program of the



new singer  continuing singer This is my \_\_\_\_\_ year in YC. Thank you for printing clearly.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_ School \_\_\_\_\_ Town \_\_\_\_\_  
 Address \_\_\_\_\_ Part usually sung: \_\_\_ high \_\_\_ middle \_\_\_ low \_\_\_  
 Town, Zip \_\_\_\_\_ Musical experience (choral/vocal first) \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Phone during chorus time \_\_\_\_\_  
 Parent email \_\_\_\_\_ Other activities \_\_\_\_\_  
 Singer email if any \_\_\_\_\_ What would you like to learn or do in YC this year?  
*As much communication as possible is done by email.*

Volunteer assistance is essential. All families will be asked for occasional help with rehearsal assistance, receptions, music organization, spring program ads and other tasks needed to make our year together a success.

### Authorization for Emergency Medical Care

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Insurance coverage \_\_\_\_\_  
 Student's Allergies \_\_\_\_\_ Other helpful information \_\_\_\_\_

I hereby authorize emergency medical care for the above student during attendance at Pro Musica Youth Chorus. In a perceived emergency, I understand that the instructor will call 911. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I release the Hudson Public Schools, Arts Alliance, and Pro Musica Youth Chorus staff and parents from any and all liabilities from any illness or injury that may occur.

Signed, (Parent or Guardian) \_\_\_\_\_

I realize my child's photograph may appear in media releases and articles (including website) as part of Arts Alliance/Youth Chorus publicity. Signed, \_\_\_\_\_ You may , may not  include name if requested by media.

Registration Fee:  \$100 if Arts Alliance Family Member  \$120 if not Arts Alliance Family Member

I'd like to JOIN (or RENEW) as a Family Member at \$80. Include employer contribution matching form if possible.

Membership name as you'd like listed: \_\_\_\_\_

*The Arts Alliance is a 501(c)(3) charitable organization. Contributions are tax-deductible to the full extent of the law. Members receive program/ticket discounts, complimentary sampler tickets, newsletters & more while supporting the arts.*

Youth Chorus Registration \$ \_\_\_\_\_ Payment by:  Check # \_\_\_\_\_  MC/VISA/AMEX/Discover  
 Arts Alliance Membership \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YC Sustaining Contribution \$ \_\_\_\_\_ CVV2: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Shirt (wing tip tuxedo) \$20 \$ \_\_\_\_\_  
first year singer or new size needed  
 Skirt (\$28)/Pants for Boys (\$23) \$ \_\_\_\_\_  
first year singer or new size needed  
 Total Amount Paid \$ \_\_\_\_\_

Checks payable/return to: Arts Alliance  
155 Apsley Street, Hudson, MA 01749

Please call or speak with director if financial assistance is needed.

978.562.1646 arts\_alliance@upwitharts.org upwitharts.org