

# Music Workshop for Youth

Sponsored by

The Blue Ridge Chorale of Culpeper

REGISTRATION SUMMER 2013

(4 pages - complete all)

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Circle sex of child: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Father's Information

## Mother's Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name, address, and Telephone numbers of two (2) persons authorized to pick our child in case of an Emergency.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**\*\*\* THE SAME PERSON WHO BRINGS YOUR CHILD TO THE WORKSHOP MUST ALSO PICK UP YOUR CHILD FROM THE WORKSHOP. CHILDREN WILL NOT BE PERMITTED TO LEAVE WITH ANY PERSON NOT PREVIOUSLY APPROVED BY PARENT OR GUARDIAN. NO EXCEPTIONS! \*\*\***

Permitted to bring & pick up your child

Permitted to bring & pick up your child

Contact Telephone: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Does child have any allergies to food or medication? YES NO

If yes explain: \_\_\_\_\_

Is child currently taking any medication? YES NO If yes explain:

What is Medication for? \_\_\_\_\_

Does child have any medical condition that may prevent him/her from participating in physical activities? \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Agreements...

- The Music Workshop for Youth agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
- The parent / guardian authorize the Music Workshop for Youth to obtain immediate medical care if any emergency occurs when parent/guardian cannot be located immediately. \*

Signatures:

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Music Workshop for Youth

\_\_\_\_\_  
Date

\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

---

ADDITIONAL NOTES

---

---

---

---

---

---

---

---

---

---

# Music Workshop for Youth

## EMERGENCY MEDICAL AUTHORIZATION

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to be notified when parent cannot be reached in the event of medical emergency:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

The parent/guardian authorizes the Music Workshop for Youth program to obtain immediate medical care and consents to the hospitalization of the performance of necessary diagnostic test upon the use of surgery on, and/or the administration of medication to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when the parent/guardian cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.

I/we will be responsible for payment of medical expenses:

Name: \_\_\_\_\_

Medical treatment costs are covered by: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Other Medical Insurance: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form will be kept by The Blue Ridge Chorale and will be taken with the child to the hospital or clinic in case of emergency.

# The Blue Ridge Chorale of Culpeper, Inc.

MEDIA RELEASE FORM

Dear Parents:

From time to time, The Blue Ridge Chorale of Culpeper, Inc. would like to recognize students for special accomplishments by putting their names and/or picture in the newspaper. This letter is for your approval for using your child name or picture in the newspaper, on television, or video when the occasion presents itself. Please sign this form if you have no objections.

I hereby give permission for my son/daughter, \_\_\_\_\_ name and/or pictures to be used for special accomplishment or projects during the summer Music Workshop for Youth. I understand that this is a positive way of giving my child recognition.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

Music Workshop for Youth  
Sponsored by The Blue Ridge Chorale of Culpeper, Inc.  
Carolyn Osborne, President 540-223-5462  
PO Box 1871 Culpeper Va. 22701