

IMPORTANT OFFICIAL DOCUMENT

Performing Chorus _____
Reserve Chorus _____
(check appropriate chorus)



NAME OF DOCUMENT:

REGISTRATION & ENROLLMENT PACKAGE

PERIOD:

Performance Season 2018/2019

OTHER:

Full Name of Angel (**Please complete**):

Last

First

Date: _____

PLEASE NOTE: SIGNATURES REQUIRED ON PAGE 5 AND PAGE 7

Section I
INSTRUCTIONS

Please review this Registration & Enrollment Package carefully and provide all of the information requested. The Registration & Enrollment Package must be properly signed (witnessed) as indicated on the signature pages.

Please use blue or black ink when completing and signing the enclosed forms.

IF ANY OF YOUR PERSONAL INFORMATION CHANGES AT ANY TIME, please request a Registration and Enrollment Package (or download a copy from our website at www.singingangels.org). The Singing Angels assumes no responsibility for any changed information unless this information has been submitted to it. It is the responsibility of the Parent(s)/Guardian(s) to notify the Singing Angels when any information changes. Until the properly completed and signed Registration and Enrollment Package with your change(s) or revision(s) has been received by the Singing Angels, the information contained in the previously submitted Registration & Enrollment Package will control.

This Registration & Enrollment Package should be fully completed, properly signed, and delivered to the Chorus Administrator ASAP. Thank you for your cooperation.

PLEASE NOTE: SIGNATURES REQUIRED ON PAGE 5 AND PAGE 7

Section II GENERAL INFORMATION

PLEASE NOTIFY US IF ANY OF YOUR PERSONAL INFORMATION CHANGES AT ANY TIME

Angel Information

Last First (both legal name & name you prefer to be called if different) Middle Initial

_____/_____/_____
Age Date of Birth Gender (Circle One): Male Female

Address Number and Street City County State & Zip Code

Home Phone (Area Code) Angel's Mobile Phone (Area Code) E-Mail

Name of School City Grade **High School Graduation Year**

Race/Ethnicity (Circle All that Apply) Optional, however this information may be helpful to the Organization for grant applications and corporate contributions: Black White Hispanic Asian Native American

Father/Guardian

Mother/Guardian

Last First Mid. Init.

Last First Mid. Init.

Address (Home)

Address (Home)

Home Phone (Area Code)

Home Phone (Area Code)

Mobile Phone (Area Code)

Mobile Phone (Area Code)

E-Mail Address

E-Mail Address

Name of Employer
Address (Work)

Name of Employer:
Address (Work)

Occupation

Occupation

Work Phone (Area Code)

Work Phone (Area Code)

Either parent (if the parents are married), or the Authorized Parent/Guardian (if the parents are not married), shall have sole and complete authority to make all decisions regarding the child in connection with all matters involving the Singing Angels and the Singing Angels will be entitled to rely upon the act or communication of either parent, or the Authorized Parent/Guardian, as the case may be, acting alone.

Please Note: Each Custodial Parent(s)/Guardian must sign (witnessed) this Registration & Enrollment Package. The organization may request additional documentation to evidence the custodial rights of the Custodial Parent(s)/Guardian(s) named above.

Section III MEDICAL INFORMATION

****Please note: the information you provide in this section will be copied and given to Staff, and volunteer Stage managers for emergency use at Concerts and other events.**

Name of Medical Insurance Company

Contract Number

Plan Code

Service Code

Group Number

Name of Insured Parent/Guardian

Parent/Guardian Contact Number in case of emergency

Employer's Name and Address

List below any allergies and/or other information necessary for medical treatment. Be specific:

Are there any educational accommodations that we need to be aware of? Please explain or contact the office.

Medication taken on a regular basis: _____

Prescribed for: _____

Dosage: _____

Restrictions on child's activities: _____

Date of last Tetanus Shot: _____

Child's Physician Physician's Name _____ Phone Number _____

In the event of an emergency, The Singing Angels will contact the parents first. If neither parent is available, The Singing Angels is authorized to telephone the individual below.

Emergency Contact:

Name

Phone Number

(Relationship to child)

Section IV MEDICAL CONSENT AND RELEASE FORM*

***PLEASE SIGN HERE – YOU MUST COMPLETE ONE OPTION. PLEASE DO NOT SIGN IN BOTH PLACES. CHOOSE EITHER THE CONSENT OR REFUSAL TO CONSENT.**

1) CONSENT

By signing this Registration & Enrollment Package, each of the undersigned Parent(s)/Guardian(s) of the child named herein, hereby certifies that the medical information furnished above for said child is true, accurate and complete in all respects and that the Singing Angels and its agents and employees may rely on the same in connection with any medical treatment rendered to said child. Although the Singing Angels will provide this information to medical personnel in the event of an emergency, the Singing Angels assume no duty of care in connection with the medical information furnished or any medical treatment which may be provided in the event of an emergency. Without limiting the generality of the foregoing, the Singing Angels assume no responsibility for administering medicine for any medical conditions indicated herein, for monitoring or enforcing any restrictions on activities indicated herein or monitoring any allergies indicated herein.

By signing this Registration & Enrollment Package, each of the undersigned Parent(s)/Guardian(s) of the child named herein hereby: (a) consents to any emergency medical treatment administered to said child by employees, staff or medical personnel, (b) consents to any medical treatment administered to said child deemed necessary by a licensed physician or dentist, (c) consents to the hospitalization of said child if such hospitalization is deemed necessary by a licensed physician or dentist, (d) releases the Singing Angels, its agents, trustees/directors, officers, employees and volunteers from any and all actions, suits, claims, liabilities, obligations, damages, and expenses, of any nature whatsoever, that arise out of or are in any way connected with any injury, illness or death and any such medical treatment or hospitalization, (e) agrees to pay for any and all costs and expenses incurred in connection with such medical treatment or hospitalization and shall indemnify, defend and hold harmless the Singing Angels, its agents, trustees/directors, officers, employees and volunteers in respect of the same.

Each of the undersigned Parent/Guardian further agrees that in the event said child is hospitalized, such Parent/Guardian shall, at their sole cost and expense, assume immediate care and custody of the child so as not to interfere with the subsequent activities, travel and performances of the Singing Angels.

CHILD: print name and sign below

Signature of Parent or Guardian

Date

2) REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for Angel authorities to take the following action _____

Signature of Parent or Guardian

Date

Section V GENERAL CONSENT AND RELEASE

Each of the undersigned minor child and the undersigned parent(s) or guardian(s) of such minor child who will be participating in the activities of The Northern Ohio Children's Performing Music Foundation, Inc., an Ohio not-for-profit corporation, doing business as *The Singing Angels* (the "Corporation"), hereby forever releases (and waives the right to sue) the Corporation, its agents, trustees, officers, employees and volunteers (collectively, "Affiliates") from any and all actions, causes of action, suits, debts, claims, liabilities, obligations, promises, agreements, controversies, damages, and expenses (collectively referred to as "Claims"), of any nature whatsoever, in law or equity, whether known or unknown, which the undersigned may now or in the future may have, that arise out of or are in any way connected with the undersigned's participation in activities, travel and performances of the Corporation regardless of whether such Claims may arise by accident, negligence or failure to act by the Corporation, its Affiliates, or any third party.

In addition, each of the undersigned minor child and the undersigned parent(s) or guardian(s) of such minor child, hereby irrevocably releases, consents and authorizes the Corporation to book such child for engagements and to use his/her musical and singing talents and personal likeness on television, radio, the Internet, video and cassette tapes, CD's, or any other type of publication or media whatsoever without payment of royalties or compensation whatsoever to either such child or the parent(s) or guardian(s). The Corporation, at all times, shall be the sole and absolute owner of all photographs, videos, pictures, sound recordings and all other works of authorship created with the efforts of such child, all of which shall constitute "work made for hire".

Each of the undersigned acknowledges and agrees that this release is given in consideration of services of a valuable nature rendered by the Corporation in educating, training and rehearsing such child and in consideration of permitting such child to participate in the Corporation's activities, travel and performances, it being expressly understood that the Corporation would not permit such child to participate in its activities without this release.

This release shall survive indefinitely notwithstanding the termination of the undersigned's participation or affiliation with the Corporation.

Each of the undersigned acknowledges and agrees that (a) each has received a copy of the Rules and Regulations Handbook for Performing and Reserve Chorus (the "Handbook"), (b) each has read and understands the Handbook, (c) each agrees to all of the rules and regulations contained in the Handbook and agrees to abide by the rules and regulations contained therein and (d) each acknowledges that such minor child will be subject to disciplinary action (as explained in the Handbook) if any of the rules and regulations are broken.

Each of the undersigned minor child and the undersigned parent(s) or guardian(s) of such minor child hereby acknowledges and agrees that: (a) reasonable standards of behavior apply to family members as they do to students; and all family members are encouraged to read the Angels' Rules & Regulations for guidelines; (b) behavior that is disruptive or dangerous or which might lead to any adverse effect on the Corporation, as determined by the Corporation (in its sole discretion), will not be permitted regardless of whether the behavior is conducted by such child or any family members of such child; and (c) the Corporation expressly reserves the right (exercised in its sole discretion) to deny the participation of a student in, or to expel a student from, the Corporation on the basis of the behavior of such child or any family members of such child.

[Continued on Next Page.]

The undersigned Parent(s)/Guardian(s) represent and warrant that they are all of the current lawful parent(s) or guardian(s) of the child named below, that they have the full power and authority to sign this Registration & Enrollment Package, that they hereby consent to the terms of this Registration & Enrollment Package on their own behalf and on behalf of said child and that they shall indemnify, defend and hold harmless the Singing Angels and its Affiliates for any loss, cost, expense, damage or liability incurred by the Singing Angels by reason of any of the foregoing representations being false. By signing you understand The Singing Angels annually prepares a directory that includes parent and child information and that we distribute to all parents.

(Signature of Child)

(Print Name of Child)

(Signature of Parent or Guardian)

(Print Name of Parent or Guardian)

**ALL SIGNATURES
ACKNOWLEDGED OR
WITNESSED BY:**

**(Must be adult over 18 yrs. of age and
NOT the Child or either Parent/Guardian signing above)**

(Print Name of Witness)

Date at Cleveland, Ohio

The _____ day of _____ 2018

An official document of The Singing Angels:

3615 Euclid Ave.
Cleveland, Ohio 44115
(216) 432.5555 (general)
(216) 432.1964 (fax)
www.singingangels.org