



SCHOOL YEAR _____ - _____

STUDENT REGISTRATION

Lakeland Choral Society, Inc.

ENSEMBLE:

____ Florida Southern Children's Chorus
____ Florida Southern Girls' Chorus

FINANCIAL OBLIGATIONS:

Children's Chorus: \$300 tuition*
Girls' Chorus: \$400 tuition*

***First Payment is due by first Tuesday Rehearsal. Payments may be made in monthly installments, but tuition must be paid in full by November. Please make checks payable to the ensemble directly and include vocalist's name and chorus on memo line. Mail checks to Lakeland Choral Society, C/O Debbie Valle, Hurlburt Financial 5125 S. Lakeland Dr. STE 3 Lakeland, FL 33813**

FAMILY INFORMATION

Vocalist's Name: _____ DOB: _____

Vocalist's School _____ Grade Entering: _____

Music Teacher _____ Phone: _____

Any medical conditions: _____

Parent 1 Name: _____ Parent 1 Occupation: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent 2 Name: _____ Parent 2 Occupation: _____

Home Phone: _____ Cell Phone: _____ Email: _____

MEDICAL RELEASE

Date: _____ Ensemble: _____

Vocalist's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent 1 Name: _____ Emergency Phone: _____

Parent 2 Name: _____ Emergency Phone: _____

If neither parent can be reached, in case of emergency, please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Physician/Pediatrician: _____ Phone: _____

COMMITMENT AGREEMENT

I, _____, recognize that singing with _____ is a commitment that is to be taken seriously. I understand that attendance at all rehearsals and performances is mandatory, and attending rehearsals and performances should be treated as a priority.

Vocalist's Signature: _____ Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE AGREEMENT

I, _____, give my permission to use _____'s photo to help promote the Chorus in print, such as brochures, programs, websites and news releases. Full names of the children may appear in concert programs.

Parent/Guardian Signature: _____

Printed Name: _____

RELEASE AND INDEMNITY AGREEMENT:

The **Florida Southern Children's Chorus, Florida Southern Girls' Chorus, and Lakeland Choral Society, Inc.** (hereafter referred to as **The Chorus**) recognize that some risk may be involved in this program and its activities, including travel incidents. Thereto, the undersigned hereby releases **The Chorus**, its staff, directors and agents from all risks involved with participation in this program. **The Chorus** is released of all claims arising from participation in said activity or programs. I hereby give my consent to **The Chorus** or their designated agent to act **in loco parentis** when, upon the advice of a physician, medical care is required for my child, and no liability shall be imposed upon **The Chorus**, its agents or representatives therein.

Parent Signature: _____ Printed Name: _____ Date: _____

Medical Policy Holder: _____ Insurance Carrier: _____

Policy Number: _____ Group Number: _____