

# Charisma Chorus Returning Students Registration Form

Welcome back!

Choir Member Name:	_____	DOB:	_____	Grade:	_____
Additional Choir Member:	_____	DOB:	_____	Grade:	_____
Additional Choir Member:	_____	DOB:	_____	Grade:	_____
Additional Choir Member:	_____	DOB:	_____	Grade:	_____

School Name(s): \_\_\_\_\_

Primary Parent's/Guardian's Name: \_\_\_\_\_  
Secondary Parent's/Guardian's Name: \_\_\_\_\_

Primary Contact's Address: \_\_\_\_\_  
Secondary Contact's Address: \_\_\_\_\_  
(if different from above)

Primary Contact's Email Address: \_\_\_\_\_  
Secondary Contact's Email Address: \_\_\_\_\_

Primary Contact's Cell: \_\_\_\_\_  
Secondary Contact's Cell: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

Program Desired	Choir Day Camp (3-8 days)	<input type="checkbox"/>
	Weekday Program (5-12 weeks)	<input type="checkbox"/>

Any special needs or concerns you would like us to be aware of?

**If a student needs a ride to and/or from rehearsals, please contact us at time of registration or within 5 days of rehearsal for ride availability at [charismachorus@gmail.com](mailto:charismachorus@gmail.com) or at [www.charismachorus.org/contact-us/](http://www.charismachorus.org/contact-us/)**

**Director/Guardian Meeting:** On the date of the initial rehearsal, one parent/guardian per student is required to attend a guardian meeting at Crossroads United Methodist Church following the rehearsal. Meeting runs from 6:00 to 6:30 p.m.

**Location of rehearsals/concert:** Crossroads United Methodist Church, 599 30 Road, Grand Junction, CO 81504. Please enter the double doors on the west side of the building.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Car Pool/Transportation Release

I, \_\_\_\_\_ parent/guardian of minor \_\_\_\_\_ ,  
give permission to Charisma Chorus (The Chorus) to transport my child by walking or automobile  
or other vehicle to and from the minor's school or home to or from the location of practices, clinic,  
camp or concert. (All volunteer drivers are required to have background and driving record checks.)

By signing below, I agree to hold Charisma Chorus blameless for any accidents or Injuries related  
to my child being in a vehicle or otherwise being transported for The Chorus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The following people are authorized to pick up or drop off the minor. Please include name and  
phone number.

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

## Release for Photographs, Audio and Video Recordings

I, \_\_\_\_\_ parent/guardian of minor \_\_\_\_\_ ,  
do hereby give Charisma Chorus permission to photograph or audio or video record my minor in  
the course of The Chorus. Such photos and recordings may be used in promotional materials, The  
Chorus' Facebook account and other social media, and other standard business use of such  
photos and recordings.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I do **not** want my minor to be photographed/recorded ☐

## Medical Release Forms

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

Does your student have any allergies?

Yes ☐

No ☐

If yes, what are they allergic to?

\_\_\_\_\_  
Reactions to allergy:

Doctor's name and phone number:

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I/We hereby authorize an adult representative of Charisma Chorus, Inc. to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for my child in a medical emergency.

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Parent/Guardian Signature(s)

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Date

## **Participant Release and Waiver of Liability Form**

I, the Guardian of the minor Participant, do hereby give my consent to their participation in all activities of Charisma Chorus. The Participant and the Guardian desire that the Participant engage in activities related to serving or participating in the Chorus' activities as a performer. The Participant and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Chorus.

1. Waiver and Release: We, the Participant and the Guardian, Release and forever discharge and hold harmless Charisma Chorus and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with the Chorus, including claims arising out of negligence. We understand and acknowledge that this Release Discharges Charisma Chorus from any liability or claim that we may have against the Chorus with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Chorus' activities.

2. Insurance: I, the Guardian, affirm that the Participant is covered by primary medical insurance and understand that I am responsible for the Participant's medical bills if injury occurs. Further, we understand that Charisma Chorus does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to their property. We expressly waive any such claim for compensation or liability on the part of Charisma Chorus beyond what may be offered freely by the Chorus in the event of such injury or medical expenses incurred by the Participant.

3. Medical Treatment: We, the Participant and the Guardian, hereby Release and forever discharge Charisma Chorus from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with Charisma Chorus. We give our consent for Charisma Chorus to provide, administer, or obtain medical treatment for the Participant.

4. Other: We, the Participant and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I, the Guardian of the above-named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

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Parent/Guardian Signature

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Date

# Scholarship Application

## POLICIES:

1. Scholarships are based on student financial need.
2. Scholarships apply to tuition and to other fees such as Chorus shirt purchases.
3. Scholarship decisions are final.
4. Scholarships must be applied for annually.
5. If information is later determined to be inaccurate, this may affect scholarships for future programs.

Annual Family Income  
(will be treated confidentially)

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Free lunch program?

Yes ☐

No ☐

Reduced lunch program?

Yes ☐

No ☐

Extenuating Circumstances

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I certify that the above information is accurate.

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Parent/Guardian Signature

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Date

Students' shirt size: \_\_\_\_\_ Amount of shirts needed: \_\_\_\_\_

**We'll contact you within 7 days with your total charge based on scholarships and shirts.  
You may pay us through PayPal or in person up to the first day.**