

**THE APPALACHIAN CHILDREN'S CHORUS
MEMBER INFORMATION & MEDICAL RELEASE
2011-12**

Date: _____

**PLEASE FILL OUT THIS FORM IN ITS ENTIRETY.
IF THERE IS A SECTION THAT DOES NOT APPLY, PLEASE WRITE "NONE" OR "N/A". THANK YOU!**

Child's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email of Child: _____ Chorister Cell (if applicable): _____

Email of Primary Parent: _____

Choir _____ Sex: M _____ F _____ Birthday _____ T-Shirt Size _____

Lives with: Mother _____ Father _____ Both _____ Other _____ Specify: _____

School _____ Grade in Fall _____ County _____

Race: White _____ African/American _____ Asian _____ Hispanic _____ Other _____
(This information is requested for the purpose of reporting on grant applications.)

FATHER'S INFORMATION

Name _____

Address _____

City _____ Zip _____

Email address _____

Employer _____

Occupation _____

Position Held _____

Phone:

Work _____

Home _____

Cell _____

Please note if parents are: _____ married _____ separated _____ divorced

Who is responsible for your child's tuition? Mother _____ Father _____ Both _____ Other _____

If other, please specify: _____

How did you hear about ACC and their auditions? Newspaper _____ TV _____ Radio _____ Teacher _____

Friend _____ ACC Member _____ Other _____

MOTHER'S INFORMATION

Name _____

Address _____

City _____ Zip _____

Email address _____

Employer _____

Occupation _____

Position Held _____

Phone:

Work _____

Home _____

Cell _____

Name: _____ Choir: _____

EMERGENCY INFORMATION: If parents cannot be reached, please notify: (please list two)

Name Phone

Name Phone

Physician Name Phone

Preferred Hospital Phone

Insurance Carrier Group or ID #

Allergies (if none, please write NONE): _____

Please list any special health problems and/or all medications currently being used:

MEDICAL RELEASE:

In the unlikely event that my child becomes ill or is injured and I or the authorized physician named above cannot be immediately contacted at the time of the emergency, and if in the judgment of the staff of the ACC immediate observation and/or treatment is necessary, I hereby authorize and direct the staff of the ACC to send my child (properly accompanied) to the hospital or physician most easily accessible. Further, I release the ACC and their employees and agents from any and all claims in connection therewith.

Signature of Parent or Guardian _____ Date: _____

In the event that this choir member lives with a person other than his/her mother or father, please complete the following:

Name _____ Phone _____

Relationship _____

Name: _____ Choir: _____

Name: _____ Choir: _____

**Concert, Camerata, Cantare (Southern WV), Canticle Choir (Putnam Co) & Cadencia (Huntington):
Tuition is \$450 for 2011-2012. Please choose a payment plan:**

Choose Plan	PAYMENT PLAN	Deposit At registration	Discount Amount	Total due	Each Payment
	1 payment by September 1	\$0	\$45	\$405	\$405
	3 payments by December 1	\$50	\$30	\$420	\$140
	8 payments by April 1 - deadline	\$50	None	\$450	\$50
	Financial Assistance	\$50	None	Varies	varies

**Cora Voce (High School Girls Choir) and Chamber Choir:
Tuition is \$400 for 2011-2012. Please choose a payment plan.**

Choose Plan	PAYMENT PLAN	Deposit At registration	Discount percent	Total due	Each Payment
	1 payment by September 1	\$0	10%	\$360	\$360
	3 payments by December 1	\$50	5%	\$380	\$110
	7 payments by March 1 - deadline	\$50	None	400	\$50
	Financial Assistance Needed	\$50	None	Varies	Varies

**Canzona & Codetta Preparatory Choirs (K-2nd grade children):
\$150.00 per semester**

Choose Plan	PAYMENT PLAN	Deposit At registration	Total due	Each Payment
	2 payments by November 1 <i>and</i> 3 payments by April 1 – deadline	\$50	\$150 \$150	\$50
	Financial Assistance Needed	\$50	Varies	Varies

For those with more than one child in ACC, please refer to the following information: First child pays full tuition. The second child receives a \$100.00 discount. This applies to all the choirs except Canzona and Codetta.

All payments should be sent to the office and NOT turned in at rehearsal.

Mail payments to: ACC
PO BOX 11342
CHARLESTON, WV 25339

ALL CHOIRSTERS AND PARENTS MUST SIGN THIS SECTION

CONTRACT OF COMMITMENT TO ACC

If my child passes today's audition and is admitted as a 2011-12 member of one of the choirs in the Appalachian Children's chorus (ACC), our family promises to faithfully attend all rehearsals and performances of ACC in 2011-12. Only then can the exceptionally high standards, which ACC has reached, be maintained. **All rehearsals are required.** All performances are **mandatory.** Concert and rehearsal schedules are given out in advance and family and school planning should be arranged to accommodate the schedule. It is expected that rehearsal and performances take a **very high priority** in each child's life. We realize unnecessarily missing rehearsals will jeopardize our child's chances of remaining in the Chorus for the 2011-12 season. (FOR CONCERT CHOIR ONLY: We also understand, as part of my acceptance as a member of The Appalachian Children's Chorus, our child must attend the ACC Concert Choir Retreat.)

We further understand that our child is making a one-year commitment to the Appalachian Children's Chorus program and agrees to participate for the entire designated season (August – June.) We, as parents, understand we are making a financial commitment for the entire amount of the tuition for the entire season – **even if my child should decide NOT to complete the season.**

Parent/Guardian Signature

Date

Chorister Signature