THE URBAN CHILDREN'S CHOIR

Program Information:

Venue: the Gowanus Arts Building, 295 Douglass Street, Brooklyn, NY 11217
Time: 4:00 - 5:00pm
Age Range: 8 - 12 years old
Ability Level: All
Price: $12 per session (weekly rate) or $8 per session (whole course pre-paid)
Program contact info: Charlie Adams info@charlieadamsarts.com, 917 601 0052, www.charlieadamsarts.com

Personal Contact Details

Family Name/s: _____Name of Child: _____

Date of Birth: / / Preferred Name: _____

Address: _____

Name of Parent / Guardian: _____

Phone: _____ Mobile: _____ E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Are there any family situations we should be aware of ? Eg:custodial issues, other matters (please specify)

Permission to Participate in Program Activities:

I consent to my child taking part in the activities, rehearsals and events coordinated and produced by the Urban Childrens Choir.

Name Signed…… Date ……

Name Printed……

Permission to be Photographed or Filmed:

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the UCC's publications, promotional material or website. I understand that as a precaution my child's name will not be published or linked with photographs / videos.

Name Signed…….. Name Printed……

Confidential Medical Report
The information below is requested to assist in case of any illness or accident. This information will be held in confidence.

1. Please tick if your child suffers from any of the following:
   - ❑ Heart condition;
   - ❑ Blackouts;
   - ❑ Asthma;
   - ❑ Sleepwalking;
   - ❑ Diabetes
   - ❑ Other (please specify

:

2. Is your child presently taking medication? Yes / No *If yes, please state the name of the medication, dosage, etc.*

   _____ Does your child self-administer? Y / N

3. Is your child allergic to:

   - ❑ Penicillin
   - ❑ bee sting
   - ❑ Other drugs or food (please specify) _____

Please list any physical or special needs: (eg. Dietary requirements)

I authorise the leader/s in charge of the above mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of ***The Urban Children's Choir.*** I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian:……..

Name Printed: ……