



AQUIA

EPISCOPAL CHURCH

Aquia Choristers Registration Form

Spring 2016

Participant Name _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip code _____

Home Number (____) _____ Cell Number (____) _____

Parent's Email _____

Birthday of Participant (MM/DD/YY) _____

My child's experience level with singing:

____ Beginner ____ Some Experience ____ Moderate ____ Advanced

Emergency Contact Information

Name _____ Relationship _____

Contact Home Number: (____) _____ Contact Cell Number (____) _____

Additionally, I give permission for _____ to pick up my child.

Does the participant have any allergies that the Music Director needs to be aware of?

(Y/N) _____

Photo Release *

Yes, I allow my child to be photographed _____

Signature of Parent/Guardian

* This is to allow photos of the Children's Choir to be used on Aquia Church's Facebook Page, Website or potential Aquia Music Program recruiting materials.