



# Registration and Medical Information

- Please print legibly.
- Mark with an **\*asterisk\*** all parental/guardian e-mail addresses you would like to have included on the regular mailing list.

**Singer:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Singer's e-mail (optional; Seniors only):** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ **relationship to singer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address if different:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **relationship to singer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address if different:** \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Severe Allergies:** \_\_\_\_\_ **Epipen? Y / N**

**Health concerns or other issues (e.g. ASD) that you think it might help us and the singer for us to know about:**

\_\_\_\_\_

**Does the singer have an EA or other assistant at school?** \_\_\_\_\_

**Do you give permission to the WBC to share your contact information with other choir families for carpooling etc.?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Please specify if only certain information:** \_\_\_\_\_

**Do you give permission to the WBC and collaborating organizations (e.g. choirs, Winnipeg Symphony Orchestra) to use recordings/photographs/video of your son for promotional purposes (e.g. on the choir website) and for sharing amongst choir families? No names will be used. Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_