

# Freetown Village Children's Ensemble Registration Form

## GENERAL INFORMATION

① Child's Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ T-shirt size \_\_\_\_\_  Youth  Adult

School Attended \_\_\_\_\_ Township \_\_\_\_\_

② Is this the first time your child has participated in our ensemble?  Yes  No  
*If 'yes', how did you hear about the Freetown Village Children's Ensemble? (check all that apply)*

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> friend/family member | <input type="checkbox"/> F.V. Summer Camp         | <input type="checkbox"/> website |
| <input type="checkbox"/> local newspaper      | <input type="checkbox"/> F.V. newsletter/brochure | <input type="checkbox"/> school  |
| <input type="checkbox"/> other _____          |   |                                  |

③ Parent/Legal Guardian \_\_\_\_\_ Rel. to child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone/Pager(s) \_\_\_\_\_

④ Is anyone else authorized to pick up your child?  Yes  No  
*If 'yes', please print name(s) and relationship.*

## PARENTAL INVOLVEMENT

⑤ Yes! I am interested in:  helping to provide snacks for rehearsals  becoming a volunteer  
 assisting with fundraisers

## FEE INFORMATION

⑥ Indicate semester(s) of enrollment. The fee for each semester is \$65.00 per child.

SPRING (FEB—MAY)

*Payment is due by second rehearsal*

FALL (SEPT—DEC)

*Payment is due by second rehearsal*

*Over, please →*

## MEDICAL INFORMATION

Does your child have any physical conditions or allergies that may inhibit his/her participation?

Yes       No      If 'yes', please explain \_\_\_\_\_

⑦ Is your child on any medication?     Yes       No  
If 'yes', please list \_\_\_\_\_

⑧ In case of emergency, we will attempt to first notify the listed parent/guardian. Please provide us with an alternate person should the parent/guardian not be available:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

## WAIVER OF LIABILITY

1. I understand that Freetown Village, Inc. is not responsible for my child's personal belongings, but make every effort to provide proper supervision. I will clearly identify all of my child's belongings.
2. I give permission to Freetown Village, Inc. to use photographs and comments of my child and myself in publications and promotional materials, and for media coverage of ensemble events.
3. I give permission for Freetown Village, Inc. to administer first aid treatment to my child and, if necessary, to have my child transported to a local hospital for medical treatment.
4. I understand that Freetown Village, Inc. will take reasonable precautions to assure the safety and well-being of my child, and that accidents or injuries may occur. I recognize the risks and agree to assume the risks by allowing my child to participate in the Freetown Village Children's Ensemble.

***I hereby release, discharge, and agree to indemnify Freetown Village, Inc., its officers, directors, and employees from all claims, and demands for relief on account of any and all injury which may exist or hereafter arise related to his participation with the Freetown Village Children's Ensemble.***

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date