

# Oakland Youth Chorus Student Registration 2008-2009



**PARENTS: Complete and return this form to OYC with payment by the first class session.**

**Today's date:** \_\_\_\_\_ My child is registering for: **OYC MIDDLE SCHOOL MAGIC CHORUS**

## Student and Contact Information (please print neatly)

Student Name		Date of Birth Month ____ Day ____ Year ____	
Address		City & Zip	
Home Phone #	Student Cell#	Student Email:	
Student's School		Grade:	

Optional data we collect to report to our funders. These will not be used to make any decisions about your child's participation in any OYC program.

Student Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Student's Race/Ethnicity (check all that apply)		<input type="checkbox"/>	African American	<input type="checkbox"/>	Latino/Hispanic	<input type="checkbox"/>	Asian
		<input type="checkbox"/>	Caucasian/White	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Other

1 <sup>st</sup> Parent or Guardian Name	1 <sup>st</sup> Parent Home Phone
1 <sup>st</sup> Parent Address (if different)	1 <sup>st</sup> Parent Cell Phone
1 <sup>st</sup> Parent or Guardian Email	1 <sup>st</sup> Parent Work Phone

Please provide 2 phone numbers where the 1<sup>st</sup> parent can be reached.

2nd Parent or Guardian Name	2nd Parent Home Phone
2nd Parent Address (if different)	2nd Parent Cell Phone
2nd Parent or Guardian Email	2nd Parent Work Phone

Please provide 2 phone numbers where the 2nd parent can be reached.

## Emergency and Medical Information

Emergency Contact		Relationship
Emergency Contact Cell	Emergency Contact Home	Emergency Contact Work

Please provide 2 phone numbers where the Emergency Contact can be reached.

Allergies	Medications	Medical Conditions
In the case of an emergency, I authorize OYC to seek medical treatment for my child in the event that I am not able to be contacted		
Parent/ Guardian Signature		Date

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## Post-Rehearsal Arrangements:

OYC students must be picked up promptly from class. Frequent late pick-up may result in your child's dismissal from the program. If we have not been able to reach you or your emergency contact within 30 minutes, Child Protective Services may be called.

Please list below any additional people, and their relationship to the child, who may pick up the student from class:

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## Optional Release: Student may go home alone

I release my youth to go home alone after rehearsals	
Parent/Guardian Signature:	

## School Release Agreement

The Oakland Youth Chorus occasionally (approximately 2 times per year for Middle School Magic) performs for local and community events or visits schools during class hours for recruiting purposes. These appearances may require a late arrival to or early departure from school for our students. I agree in principal to the occasional off-campus trip, and I will expect to receive a permission slip from OYC to sign before any such appearance.

Parent/Guardian Signature:		Date:
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## Publicity Release Agreement

As a parent of an Oakland Youth Chorus student, I understand that publicity and income in support of the organization is earned through performing. I consent to OYC receiving all payments for student performances involving my son/daughter/ward which may include, but are not limited to: concerts, commercials, films, radio, community/civic events, billboards, internet presence, flyers, and newspaper and television appearances. I give consent for my son's/daughter's/ward's image, voice and artwork to be used in association with publicity, fundraising and community activities exclusively on behalf of the OYC. Exceptions can be made if the parent/guardian contacts OYC with concerns about specific uses of their child/ward's image. I understand that OYC practices a policy of full disclosure on all income and I may request such information at any time.

Parent/Guardian Signature:		Date
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## Consent for Participation/Liability Release

I do hereby give consent for my child to participate in the Oakland Youth Chorus program. I release the OYC staff, volunteers and agents from any liability that may arise as a result of my child's participation in the program.

Parent/Guardian Signature:		Date
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*The Oakland Youth Chorus reserves the right to deny service to anyone. In the event of inappropriate conduct, lateness, and/or absences, the staff will make reasonable efforts to counsel the student and consult with parents before the student is dismissed permanently.*

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## Fees and Payment

The fee for OYC's Middle School Magic Chorus for the 2008-2009 Season is \$110. Please return cash or a check, money order or cashier's check, made payable to Oakland Youth Chorus, with your registration form.

Registration Fee: OYC Middle School Magic 2008-2009 Season	\$110.00
Additional donation for scholarships	+ _____
Total Enclosed	= _____

If you have questions about possible financial assistance, please contact Jessica Manta-Meyer, Managing Director, at [Jessica@oaklandyouthchorus.org](mailto:Jessica@oaklandyouthchorus.org) or 510-287-9700 x105.

**About additional expenses:** There may be fees associated with participating in a regional choral competition in the spring. This is usually around \$75 and due in late fall. The student is also responsible for some part of their costuming, usually black pants or skirt, black socks or stockings, and black shoes. More information about the spring competition and the costumes will be sent home in the next few months.