



Mail Payments to:  
North Coast Singers  
170 Calle Magdalena  
Encinitas, CA 92024

# Registration 2018-19

Please complete and return both sides of this form  
along with your \$100 deposit payment!

## Singer's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone (if available) \_\_\_\_\_

Email (if available) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Resides with: Mother \_\_\_ Father\_\_\_ Both \_\_\_ Other \_\_\_

Please attach  
recent photo

## Parent/Guardian 1

(provide address if different from singer)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Relationship to singer \_\_\_\_\_

Occupation \_\_\_\_\_

## Parent/Guardian 2

(provide address if different from singer)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Relationship to singer \_\_\_\_\_

Occupation \_\_\_\_\_

### Send Billing To: (please check one)

Parents at above address

Father  Mother  Other

### Office Use Only

**Giocoso**  **Brioso**  **Caprice**  **Capella**

**New**  **Returning**

**Please complete back side of this form**

**Medical History:** Please indicate any previous or current medical conditions of your child.

\_\_\_ Heart \_\_\_ Respiratory \_\_\_ Seizures \_\_\_ Orthopedic \_\_\_ Diabetes

Other (explain): \_\_\_\_\_

Allergies \_\_\_\_\_ EpiPen? \_\_\_\_\_

Disabilities: \_\_\_ Physical \_\_\_ Emotional \_\_\_ Educational \_\_\_ Other

Explain: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Check those non-prescription medications we may give your child under the supervision of an adult.

\_\_\_ Tylenol/Acetaminophen \_\_\_ Advil/Ibuprophen \_\_\_ Hydrocortizone \_\_\_ Benedryl

\_\_\_ Pepto Bismol \_\_\_ Neosporin/topical antibiotic ointment

### Emergency Notification if parents cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Treatment Authorization and Release of Liability

The safety and well being of your child is of paramount importance to SDNCS staff and volunteers. All reasonable care and precautions are taken to ensure a safe educational experience. However, in the event my child should become sick or injured, I authorize all medical treatment and care for my child, as deemed necessary or appropriate. I agree to hold harmless SDNCS, and their employees and representatives for arranging, directing, signing for and consenting to any and all routine or emergency medical care and treatment deemed necessary or appropriate for my child. I understand that every effort will be made to contact me in case of an emergency. I acknowledge and agree that I am responsible for all expenses incurred in connection with any treatment or medical care provided to my child.

My child's participation in San Diego North Coast Singers (SDNCS) is purely voluntary and I elect to have my child do so at my own risk. I represent that my child does not have any medical/physical/mental condition that would prevent him or her from safely participating in the SDNCS program and that all such conditions that may require special attention have been identified above. (Information will be held confidential.) In consideration for my child's being permitted to participate in the SDNCS program, I expressly understand and agree that neither SDNCS, the San Dieguito United Methodist Church nor their respective employees and representatives, shall be held responsible or legally liable for any loss, liability claim or damage of any kind, including (i) damage or loss of personal property, and (ii) death or personal injuries, incurred or suffered by me or my child relating to, resulting from or in connection with my child's participation in the SDNCS program. I hereby release and agree to hold harmless all SDNCS Covered Persons from any such liability.

I give permission for pictures, video or audio of my child to be used for publicity purposes in both print and on our website/Facebook page.

AGREED TO AND ACCEPTED: Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_