



PO Box 11007, Eugene, Oregon 97440    ◇    (541) 343-0840    ◇    [www.oregonchildrenschoir.com](http://www.oregonchildrenschoir.com)

**REGISTRATION FORM** (please print)

New participant: \_\_\_\_\_ Returning Participant: \_\_\_\_\_ Years with OCC (including this year): \_\_\_\_\_ Choir: \_\_\_\_\_

*Chorister's Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_ *Grade (entering):* \_\_\_\_\_ *School:* \_\_\_\_\_

*Cultural Diversity (optional):* Caucasian, non-Hispanic - Black - Hispanic - Asian or Pacific Islander - American Indian or Alaskan Native

*Parent/Legal Guardian:* \_\_\_\_\_ *Employer:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

*Work Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

*Parent/Legal Guardian:* \_\_\_\_\_ *Employer:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

*Work Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

**Scholarship Applications:** A limited number of partial, need-based tuition scholarships are available. The deadline for the attached application is July 31. Waivers will be awarded by August 15. Recipients of awards will receive an adjusted schedule immediately.

I do hereby agree to pay participation fees according to the payment plan listed above. I further understand that my chorister will not be allowed to participate during the 2010/2011 choir season if any portion of said tuition is outstanding as of August 31.

X \_\_\_\_\_  
Signature of Parent or Legal Guardian Date

**Tour:** I understand that each choir has an end of the year tour. Tour costs are the responsibility of each choir family and are not included in tuition. Please contact your conductor with any questions about the spring or summer tour.

**Parent Initials** \_\_\_\_\_

PAYMENT FORM (please print)



OCC Polo/T-shirt Order Form)

Chorister's Name: \_\_\_\_\_ Choir: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need a shirt.....(Please circle) Yes / No

Shirt Size (please circle one): Youth: Small, Medium, Large, X-Large Adult: Small, Medium, Large, X-Large  
(6-8) (10-12) (14-16) (18-20) (34-36) (38-40) (42-44) (46-48) The

OCC casual performance shirts are blue polo shirts with a white embroidered OCC logo. (Shirts, which are part of the required uniform, will be distributed before the Fall Retreat. Choristers will need a new shirt if moving from, BC to YME or GC to YWC, or if their present shirt is faded and/or worn.

Tuition for the choir season (September through June) is due by June 15. Fees are as follows

**Participation Fee: 1<sup>st</sup> Payment is received by June 15, 2010 AND final payment received by September 1, 2010**

Junior Academy Singers \$350 + \$25 NON REFUNDABLE TRIP DEPOSIT = \$375

Boychoir, Girlchoir, Young Men's Ensemble, & Young Women's Choir \$400 + \$100 NON REFUNDABLE TRIP DEPOSIT = \$500

Junior Academy Singers

\$125 Not later than 6/15/2010  
\$125 Not later than 8/1/2010  
\$125 Not later than 9/1/2010

Boychoir, Girlchoir

Young Women's Choir, & Young Men's Ensemble

\$200 Not later than 6/15/2010  
\$150 Not later than 8/1/2010  
\$150 Not later than 9/1/2010

**Participation Fee: Payments received after June 15, 2010, final payment due September 1, 2010**

Junior Academy Singers \$400 + \$25 NON REFUNDABLE TRIP DEPOSIT = \$425

Boychoir, Girlchoir, Young Men's Ensemble, & Young Women's Choir \$450 + \$100 NON REFUNDABLE TRIP DEPOSIT = \$550

Junior Academy Singers

\$175 Not later than 6/15/2010  
\$125 Not later than 8/1/2010  
\$125 Not later than 9/1/2010

Boychoir, Girlchoir

Young Women's Choir, & Young Men's Ensemble

\$250 Not later than 6/30/2010  
\$150 Not later than 8/1/2010  
\$150 Not later than 9/1/2010

**Scholarship Applications:** A limited number of partial, need-based tuition scholarships are available. The deadline for the attached application is July 31. Waivers will be awarded by August 15. Recipients of awards will receive an adjusted schedule immediately.

**Payment:**

Participation Fee.....\$ \_\_\_\_\_ (see above)

OCC Polo .....\$ \_\_\_\_\_ (\$15.00)

Total \$ \_\_\_\_\_

Please note in the memo line the name of your chorister, make all checks payable to Oregon Children's Choir



Special situations your child might need help with while away from home and how do you want us to handle it while your chorister is in our care:

Sleep walking: \_\_\_\_\_

Bed wetting: \_\_\_\_\_

Menstruation: \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

\_\_\_\_\_

Any restriction on physical activity: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications**

May your child be given? **Tylenol** \_\_\_\_\_ dosage: \_\_\_\_\_ **Ibuprofen** \_\_\_\_\_ dosage: \_\_\_\_\_

Does your child take any medications routinely? If YES, please list:

Name	Frequency	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent Authorization**

This health history is correct and complete to the best of my knowledge. By signing, I certify that my child is free of potential health problems, which might restrict his or her ability to fully participate in choir and tour activities (except as noted). I give permission for an assigned Oregon Children's Choir representative to administer the above listed medications to my child. I understand that due effort will be taken to notify me if my child requires medical treatment. I hereby give permission for any Oregon Children's Choir representative to authorize medical treatment for my child including but not limited to treatment by medical care personnel, hospitalization, surgery, and the administration of medication, injection, and/or anesthesia. I understand that I am financially responsible for all medical expenses incurred.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**Updated Health History for Spring/Summer Tour**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# SCHOLARSHIP APPLICATION



## Application Deadline is July 31

Directions to complete this scholarship form (please print):

- This form must be accurately completed by a parent/guardian.
- **Proof of income must be presented with the completed application. Please provide a copy of your school district free/reduced lunch award letter or proof of household income.\***
- Incomplete applications will be ineligible for consideration.

**Office Use Only**

Approved: \_\_\_\_\_  
 Letter sent (date): \_\_\_\_\_  
 Adj Pmt Schedule sent (date): \_\_\_\_\_  
 Denied: \_\_\_\_\_  
 Letter sent (date): \_\_\_\_\_  
 By: \_\_\_\_\_  
 Executive Board President

Please note:

- Only a limited number of partial, need-based tuition scholarships are available.
- Scholarships will be awarded by August 15.
- Recipients of awards will receive an adjusted payment schedule immediately.
- Scholarship recipients will be required to volunteer an additional 10 or 20 hours depending on the award amount.

Chorister Name \_\_\_\_\_ Choir \_\_\_\_\_ Grade entering in the fall \_\_\_\_\_

Please list all sources and **GROSS MONTHLY** amount of income.

Father/Guardian's Income	\$ _____
Mother/Guardian's Income	\$ _____
Child Support	\$ _____
School Financial Aid/Award letter	\$ _____
Unemployment	\$ _____
Other type of verifiable assistance (AFS)	\$ _____
Food stamp award amount	\$ _____
<b>TOTAL</b>	\$ _____

Father/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List dependents living in your household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_ Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_ Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_

**If you receive one of the following, please indicate which one and provide the award letter.**

- Free School Lunches= ½ tuition waiver
- Reduced School Lunches = ¼ tuition waiver

I certify that the information submitted is complete and accurate to the best of my knowledge. I authorize the Oregon Children's Choir to have access to any records, public or private, including employer, which will substantiate, verify or refute the information contained in this application.

\_\_\_\_\_  
Signature of Parent/Guardian

**\*SUPPORTING DOCUMENTATION OF FINANCIAL NEED MUST BE SUBMITTED WITH THIS APPLICATION**

## **Oregon Children's Choir Excursion Permission Form**

Choristers of the **Oregon Children's Choir** participate throughout the year in community and regional events, performances and tours. Choristers are supervised by the conductor and choir volunteers. Every reasonable precaution is taken to insure the safety of choristers. However, there are inherent risks in travel and during activities which take place at and away from the regular rehearsal venue. The **Oregon Children's Choir** believes these experiences are valuable and requires the commitment from choristers to attend these events.

This Excursion Permission form will allow your child to travel with the choir, on foot or by public or commercial transport, anytime during the choir season. You will be informed of all excursions prior to the date of the event. Only choristers with properly signed Excursion Permission forms may accompany the choir on events away from the regular rehearsal and performance venues.

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Please sign and date this form and return with your registration forms.

I, \_\_\_\_\_ (parent/guardian) do hereby give my permission for my child, \_\_\_\_\_, to participate in all activities of the Oregon Children's Choir. These activities include, but are not limited to, rehearsals, performances and recreational activities at regular rehearsal spaces, public areas and community venues. I also give permission for my child to accompany the choir on choir tours within and out of the State of Oregon. I understand that I have the right to request that my child not participate in any OCC event. I further understand that my child may be removed from the choir for non-attendance at required choir activities.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chorister Name)

\_\_\_\_\_  
(Choir)



Parents:

The safety of your child is a primary concern of the Oregon Children's Choir. Please keep in mind that supervision is available no earlier than 10 minutes before the appointed rehearsal or performance call time.

At the end of rehearsals or performances, choristers are supervised inside the rehearsal space (not outside). **It is the responsibility of the parent/guardian to come inside the rehearsal space to pick up your child.** Please make certain that the Choir Administrator knows you have arrived to pick up you child.

If you would like to make alternate arrangements for your child, please fill out the form below and return the form with you registration materials.

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I have made the following alternate arrangements for my child:

My child has my permission to:

Walk or bike home

Drive himself or herself home

Other: \_\_\_\_\_

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Chorister Name

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Choir

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Parent/Guardian signature

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Date



# Oregon Children's Choir Model / Adult Release

In consideration of the engagement as a model of the Adult named below, and for other good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to Oregon Children's Choir (here after referred to as OCC), a non-profit organization and or their legal representatives and assigns, those for whom OCC is acting, and those acting with OCC authority and permission, the absolute right and permission to copyright and use, re-use, publish, and re-publish photographic portraits, pictures, video, or audio recordings of the adult or in which the adult may be included, in whole or in part, without restriction as to changes or alterations from time to time, with or without use of the adult's own name, or reproductions thereof in color or otherwise, made through any medium used by OCC publications or elsewhere, and in any and all media now or hereafter known, for art, advertising trade or any other legal purpose whatsoever. I also consent to the use of any printed matter or broadcast media in conjunction therewith.

I hereby waive any right that I or the adult may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless photographer, OCC, his/her legal representatives or assigns, and all persons acting under his/her permission or authority or those for whom he/she is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof by other parties who without permission or right attempt to do so, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have every right to contract for the adult in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Chorister's/Adult's Name & Choir

\_\_\_\_\_  
Chorister's/Adult's Address

\_\_\_\_\_  
Chorister's/Adult's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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## OCC Directory Release

Chorister's Name: \_\_\_\_\_ Choir: \_\_\_\_\_

\_\_\_\_\_ Yes! Include my information listed below in the 2009-2010 OCC Directory. (Only the information you provide will be listed in the directory.)

\_\_\_\_\_ No. Please **do not** include any of my information in the 2009-2010 OCC Directory. (Leave below blank and sign/date.)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Chorister's Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_ School/Grade: \_\_\_\_\_

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The OCC Directory is for personal use only, not to be used for business and/or other contacts