



Kenosha Unified School District

ALL-CITY CHOIR REGISTRATION FORM 2016-2017

Dear Parents/Guardians:

Please fill out the form below in case of an emergency during the All-City Choir rehearsals and/or performance. Most of our communication is done through email, so please provide your email address if you have one available. It will be used for communication purposes only.

PLEASE RETURN THIS COMPLETED FORM TO YOUR MUSIC TEACHER BY THURSDAY, SEPTEMBER 8, 2016 OR BRING IT WITH YOU TO OUR FIRST REHEARSAL ON TUESDAY, SEPTEMBER 13 BEGINNING AT 4:30PM AT LANCE MIDDLE SCHOOL!

PLEASE PRINT ALL INFORMATION CLEARLY:

Student Name: _____ Home School: _____

Band/Orchestra instrument Played (write NA if this doesn't apply): _____

Parents/Guardians Name: _____ Phone: _____

_____ Phone: _____

Email Address: _____ I do not have an email address. _____

CONTACTS IN CASE OF EMERGENCY

Name: _____

Phone Number: _____ Work Number: _____

Relationship to the Student: _____

Name: _____

Phone Number: _____ Work Number: _____

Relationship to the Student: _____

MEDICAL CONCERNS FOR THE CHILD _____

Student & Parent Commitment

I understand that being a member of the 2016-17 All-City Choir means that my child needs to attend all rehearsals and performances (4:30-5:30pm on Tuesdays at Lance Middle School beginning September 13, 2016) and also perform at the 2017 KUSD Choral Festival on Saturday, February 18.

Student Signature _____ Date _____

Parent Signature _____ Date _____