



MASTERWORKS CHORUS * CAST * NEBRASKA CHILDREN'S CHORUS

14225 Dayton Circle, Suite 15 * Omaha, NE 68137 * 402.342.6753 *

www.ChoirMusic.org

Member Information Form

2009-2010 Season

Singer Information

Choir (*Check Only One*) Returning Member YES NO

Bel Canto Camerata Cantori CAST Jubilate

First Name: _____ Last Name: _____

Gender MALE FEMALE Date of Birth _____ (mm/dd/yyyy)

Grade: Fall 09 _____ School: _____

Singer email: _____

Preferred Method of Contact

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____ (name) _____

Mother Information

Mother First Name: _____ Last Name: _____

Mother Work Phone: _____ Cell Phone _____

Mother Email: _____

Father Information

Father First Name: _____ Last Name: _____

Father Work Phone: _____ Cell Phone _____

Father Email: _____

Do the parents live together at the above address? YES NO

If no, please provide the alternate address and for which parent. Name _____

Address: _____

Legal Guardian/Other Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Legal Guardian Email: _____



MASTERWORKS CHORUS * CAST * NEBRASKA CHILDREN'S CHORUS
14225 Dayton Circle, Suite 15 * Omaha, NE 68137 * 402.342.6753 *
www.ChoirMusic.org

MEMBER MEDICAL AUTHORIZATION FORM

CHOIR MEMBER MEDICAL INFORMATION

Choir Member's First /Last Name: _____

Age: _____ Date of Birth: _____ (mm/dd/yyyy)

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Medications Being Taken: _____

Date of Last Tetanus Shot: _____ (mm/yyyy)

Other pertinent information to which physician should be alerted: _____

I am the parent/legal guardian having custody of the minor whose name and address is indicated above. Permission is hereby given for said minor to participate in all excursions sponsored by the Nebraska Choral Arts Society.

I give my consent for (1) the administration of any treatment deemed medically necessary by a licensed physician or dentist and (2) the transfer and admission of said minor to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems it necessary. Whenever possible, a second physician must concur in the necessity for such surgery.

Date: _____

Parent Signature: _____

Daytime Phone: _____ Cell Phone: _____ Evening Phone: _____

Please complete, print, sign and return all forms to the NCAS office.
Please Attach a Copy of your Insurance Card to this Authorization Form.
Registration will not be complete until the copy of the card has been received.



MASTERWORKS CHORUS * CAST * NEBRASKA CHILDREN'S CHORUS
14225 Dayton Circle, Suite 15 * Omaha, NE 68137 * 402.342.6753 *
www.ChoirMusic.org

Member Agreement Form 2009-2010 Season

*****Both the singer and a parent/legal guardian must sign this form.*****

Membership in Nebraska Choral Arts Society involves the commitment of the singer and the parent(s)/guardian(s).

As a member of the Nebraska Choral Arts Society, I agree to:

1. Attend and be prompt to all rehearsals, performances and retreats.
2. Participate in the choir tour.
3. Be prepared for rehearsals by learning assigned music and bringing my music folder and pencil.
4. Notify the conductor in advance of rehearsal absence/late arrival.
5. Notify the conductor as far in advance as possible if attendance at a concert is in question.
6. Conduct myself at all NCAS functions in a manner that reflects excellence on NCAS. Specific rules may need to be set by NCAS staff and chaperones. I agree to abide by these rules.
7. Be responsible for the music, music folder and any other material that is given to me. In the event any such items are lost or damaged, I agree to pay for the replacement of the same.
8. Wear the proper uniform to dress rehearsals/performances.
9. Make sure that notes handed to me at rehearsals are passed on to my parent/guardian.
10. It is unavoidable that extra rehearsals and concerts are added or deleted from the concert season. Flexibility is a characteristic that NCAS singers must possess. I agree to give changes as much priority as possible.
11. Abide by all policies set forth in the NCAS handbook **available online** at www.choirmusic.org.

As a parent/guardian of an NCAS member, I agree to:

1. Have my singer present and on time to all rehearsals, retreats, performances, and choir tours and to be prompt for pick-up.
2. Notify the conductor in advance of a rehearsal absence/late arrival.
3. Notify the singer's conductor as far in advance as possible if attendance at a concert is in question.
4. Be responsible for the replacement cost of any music, music folder, or other materials checked out to my chorus member that may be lost or damaged.
5. Make sure my singer's uniform is in proper order for dress rehearsals/performances.
6. Pay all financial obligations on time or make special arrangements to do so. I understand all fees, deposits and payments (tuition, tours, fund-raising) are non-refundable.
7. Check with my singer about notes handed out—especially the monthly calendar.
8. Give concerts/rehearsals that are added as much priority as possible.
9. Fulfill 4 hours of volunteering or pay \$25/hour of the hours that are not finished.
10. Abide by all policies set forth in the NCAS handbook.

Parent/Guardian Signature

Singer Signature

Date