

Shine Children's Chorus Enrollment Form

MAIL TO: Shine Children's Chorus  
3515 SE Washington St.  
Unit 1  
Portland, OR 97214

Singer's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Program: (Little Lights, Shine Jr., Shine Chorus, Lighthouse, etc.) \_\_\_\_\_

Main Contact Parent/Guardian's Full Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Send Shine e-mails?: Y/N

Additional Parent/Guardian's Full Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Send Shine e-mails?: Y/N

Singer's own e-mail (optional): \_\_\_\_\_ Send Shine e-mails?: Y/N

Emergency Contacts: People to call if above cannot be reached.

1. Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Please disclose any medical conditions or special needs for the singer:

\_\_\_\_\_  
List any medications the singer takes:

\_\_\_\_\_  
List any allergies the singer has:

\_\_\_\_\_  
Is there any other information Shine Chorus should be aware of concerning your child? Y/N  
IF ANSWERED YES, PLEASE USE REVERSE SIDE OF FORM TO EXPLAIN OR ATTACH APPROPRIATE

INFORMATION.

**PERMISSION AND RELEASE**

The child listed above has my permission to participate in all Shine activities and is in good health.

I hereby, and for my heirs, executors, and administrators, assigns, and all legal guardians, waive and release any and all rights and claims of any nature I may have against Shine Children’s Chorus, its Directors, employees, Parent Board, volunteers, singers, and cooperating entities for and against any and all injuries and damages of any nature, which my child may suffer while taking part in Shine or other activities associated with Shine.

In case of a medical emergency, after every reasonable effort has been made to contact me, I hereby give my permission to the Emergency Medical personnel contacted by Shine Children’s Chorus to secure treatment for, hospitalize, and order injection, anesthesia or surgery for my child. I also authorize Shine Children’s Chorus to provide a copy of this form to proper medical personnel for purposes of treating my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay all expenses incurred in such emergency treatment.

As a parent, I have read all information concerning Shine Children’s Chorus and give my child permission to be active as a participant in Shine. I understand that my child will be asked to participate fully in all activities and will be expected to abide by the rules and policies of the program. I understand that Shine Children’s Chorus is not responsible for lost, stolen or damaged personal property while my child is participating in the program.

I give my permission for my child to have photographic and/or video images and audio recordings taken while participating in Shine for fundraising & publicity purposes. Consent is given to Shine Children’s Chorus, its Directors, employees, agents and cooperating entities to use the child’s name, picture, likeness, artwork, and recordings for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of Shine Children’s Chorus without compensation for such usage. I waive the right to inspect or approve finished product including written copy.

**Print Name of Parent/Legal Guardian:**

\_\_\_\_\_

**Signature of Parent/Legal Guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_