



## Registration Form

Forms can be submitted to:  
Vivace Youth Chorus of San Jose  
1738 Mirassou Place  
San Jose, CA 95124-5722

**Family Name:** \_\_\_\_\_

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

If you have registered your child with Vivace in the past, you need only fill in the family name, date, singer's name, grade level, and any changes to information you have previously provided. Please make sure we have a current email address! If you have more than one singer in your family, you can fill in one form completely, and just page 2 for the others.

### Contact Information:

How did you hear about *Vivace*? School flyer \_\_\_\_ Bay Area Parent \_\_\_\_ Friend \_\_\_\_

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

#### Primary Contact:

Name(s) \_\_\_\_\_ Relationship to singer: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

Parent 1 Occupation \_\_\_\_\_ Parent 2 Occupation \_\_\_\_\_

Parent 1 Employer \_\_\_\_\_ Parent 2 Employer \_\_\_\_\_

#### Secondary Contact (optional – fill in only if you wish to receive duplicate information):

Name(s) \_\_\_\_\_ Relationship to singer: \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

Please indicate if you do NOT wish your information to appear on rosters distributed to other chorus members: \_\_\_\_

Occasionally, we may exchange our mailing list with carefully selected local arts organizations. Please indicate if you do NOT wish your information included: \_\_\_\_

**Singer Information:**      **Date:** \_\_\_\_\_      **Family Name:** \_\_\_\_\_

Singer's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Choir Level: Prep. A \_\_\_ Prep. B \_\_\_ Int. A \_\_\_ Int. B \_\_\_ Concert \_\_\_ Chamber \_\_\_ Teen \_\_\_  
Rising Notes \_\_\_

T-Shirt/Dress Size \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Instrument(s) Studied \_\_\_\_\_ Music Teacher \_\_\_\_\_

Emergency Contact 1:

Emergency Contact 2:

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Cell Phone/Pager ( ) \_\_\_\_\_

Cell Phone/Pager ( ) \_\_\_\_\_

If there is an emergency, *Vivace Youth Chorus of San Jose* will first attempt to reach the parents / guardians at the numbers listed above (unless otherwise notified), then attempt to reach the alternate contacts. In the event of an emergency where *Vivace* cannot reach anyone at the above listed numbers, we will call 911.

Insurance \_\_\_\_\_

Doctor \_\_\_\_\_

Insurance ID \_\_\_\_\_

Doctor Phone ( ) \_\_\_\_\_

Special Information that would help us work best with your singer: (medical, learning or other needs)

\_\_\_\_\_  
\_\_\_\_\_

**Photo/Video Release Form:**

\_\_\_\_\_ YES, I hereby consent that the photographs, slides, videotapes, or film in which my daughter/son/dependent appears may be used by *Vivace Youth Chorus of San Jose*, its assigns or successors, in whatever way they desire, including television, for *Vivace Youth Chorus of San Jose* publicity/public relations purposes. I understand that such items shall be the property of *Vivace Youth Chorus of San Jose* or its assigns or successors.

**Parent's Signature:** \_\_\_\_\_