



Student Information

Name (F.M.L.) _____

Grade _____ Age _____ Birthday Day/Month _____ Sex (circle) M F

Mother / Guardian (F.M.L.) _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Father / Guardian (F.M.L.) _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Other Emergency Contact

Name _____

Phone (cell) _____ (work) _____ (home) _____

Address _____

City of Angels Community Choir Photography/Video Release

_____ YES, I give my permission to the COACC to use photographs of in my child publications, news releases, on the COACC web page, Facebook, Instagram and other social media and/or promotional material

Code of Conduct & Membership Agreement

_____ I acknowledge that I have received, and agree to the COACC Code of Conduct, and agree to support COACC Fundraising by selling the recommended amount of tickets to each of the season's events including, Christmas Concert, and Spring Concert and to pay membership dues each season.

Parent / Guardian printed name Parent / Guardian Signature Date

Fall Season _____ Spring Season _____ Summer Season _____ Music Fee _____

Cash _____ Check _____ Amount _____ *Please Make Checks Payable to :COACC*