



Student Information

Name (F.M.L.) _____

Address _____

City, St., Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Grade _____ Age _____ Sex (circle) M F

Mother / Guardian _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Father / Guardian _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Other Emergency Contacts

Name _____

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

Address _____

Name _____

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

Address _____

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, read and agree to the COACC Code of Conduct.

_____ I 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

Medical Information

Known allergies _____

Primary Care Physician _____ Phone _____

Insurance Company Name _____

Group Number _____ Policy Number _____

Medical Release

Child's Name _____

I hereby grant the COACC staff to obtain medical help in the case of an emergency and release the organization and staff from liability for any occurrence in relation to choir activities.

Parent / Guardian printed name Parent / Guardian Signature Date

FOR OFFICE USE ONLY

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

Cash _____ Check _____ Amount _____

Please make checks payable to: COACC