



OYC Miracle Chorus at Chabot Elementary: Spring Session

Student Information

Student Name: _____ Date of Birth: _____

Student's School: **CHABOT ELEMENTARY** Grade: _____

Parent/Guardian Information: Provide a mailing address, email & at least 1 phone no. where a parent can be reached.

Parent or Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email: _____ Work Phone: _____

2nd Parent/Emergency Contact Information: Provide at least 1 phone number where this person can be reached.

2nd Parent/Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

List any additional people, and their relationship to the child, who may pick up the child. Use reverse if necessary.

Medical Information: Please describe any allergies, medications, or medical conditions. Use reverse if necessary.

OYC Policies on Late Pick-Up and Right to Deny Service

OYC students must be picked up promptly from class. Frequent late pick-up may result in your child's dismissal from the program. If we have not been able to reach you or your emergency contact within 30 minutes, Child Protective Services may be called.

The Oakland Youth Chorus reserves the right to deny service to anyone. In the event of inappropriate conduct, lateness, and/or absences, the staff will make reasonable efforts to counsel the student and consult with parents before the student is dismissed permanently.

Medical Release Agreement

I authorize OYC to seek medical treatment, in the case of an emergency, for my child in the event that I am not able to be contacted.

Publicity Release Agreement

As a parent of an Oakland Youth Chorus student, I understand that publicity and income in support of the organization is earned through performing. I consent to OYC receiving all payments for student performances involving my son/daughter/ward which may include, but are not limited to: concerts, commercials, films, radio, community/civic events, billboards, internet presence, flyers, newspapers and television appearances. I give consent for my son's/daughter's/ward's image, voice and artwork to be used in association with publicity, fundraising and community activities exclusively on behalf of OYC. Exceptions can be made if the parent/guardian contacts OYC with concerns about specific uses of their child/ward's image. I understand that OYC practices a policy of full disclosure on all income and I may request such information at any time.

Consent for Participation/Liability Release

I do hereby give consent for my child to participate in the Oakland Youth Chorus program. I have read the above policies and agreements. I release the OYC staff, volunteers and agents from any liability that may arise as a result of my child's participation in the program.

Parent/Guardian Signature: _____ Date: _____

Fees and Payment

Sliding Scale Registration Fee (OYC encourages each family to determine how much they can afford to pay.) \$115-165

Total Enclosed = _____

Please return cash or a check, money order or cashier's check, made payable to Oakland Youth Chorus, with your registration form.

If you have questions about payment or registration, please contact Jessica Manta-Meyer, Managing Director, at Jessica@oaklandyouthchorus.org or 510-287-9700 x105.

Demographic Information (optional): This data will not be used to make any decisions about your child's participation in any OYC program, but may help us in reporting to our funders. Please circle all that apply:

Student Gender Male Female Transgender

Student's Race/Ethnicity African American Latino/Hispanic Asian Caucasian/White Native American Other