Registration and Health Information

Singer: _____ Birth Date: _____

Primary Address: _____

Postal Code: _____

(Seniors only, optional) Singer's e-mail: _____ Singer's cell #: _____

Parent/Guardian 1: _____ relationship to singer: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

☐ Check here if you wish to receive regular choir information at this e-mail address

Address if different: _____

Parent/Guardian 2: _____ relationship to singer: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

☐ Check here if you wish to receive regular choir information at this e-mail address

Address if different: _____

Other Emergency Contact: _____ Phone _____

Severe Allergies: _____ Epipen? ____

Health concerns or other issues (e.g. ASD) that you think it might help us and the singer for us to know about:

_____

Does the singer have an EA or other assistant at school? _____

Do you give permission to the WBC to share your contact information with other choir families for carpooling etc.?
_____ Please specify if only certain information: _____

Do you give permission to the WBC and collaborating organizations (e.g. choirs, Winnipeg Symphony Orchestra) to use recordings/photographs/video of your son for promotional purposes (e.g. on the choir website) and for sharing amongst choir families? No names will be used. _____

Parent Signature: _____ Date: _____

The Winnipeg Boys' Choir will keep all personal information private and confidential