



St Charles Singers SING!

Thursday, July 19, 2018

Baker Memorial Church, 307 Cedar Avenue, St. Charles, IL 60174

WORKSHOP APPLICATION

Name _____ Address _____

City _____ Zip _____ E-mail _____

Phone Number with Area Code _____ Age _____

Can we text you for informational purposes? Yes No Cell number for texts: _____

School attending 2017-2018 _____ Yr/Grade _____

Soprano _____ Alto _____ Tenor _____ Bass _____ Can you read music? _____

How long have you been singing? _____ Have you taken private lessons? _____

Voice/Choral Teacher _____ Phone _____

Groups with which you are currently singing _____

Please check one

_____ \$60 (early registration discount – before May 15) \$70 after May 15

_____ Solo Coaching (optional) \$25

Total Enclosed

Check enclosed _____ *Make checks payable to St. Charles Singers*

_____ Am Ex/ Mastercard/ Visa Account #

_____ Exp Date

_____ CVV

BE SURE TO READ AND SIGN THE BACK OF THIS FORM

Send this application and full payment to St. Charles Singers, 311 N 2nd Street, Suite 201-B St. Charles, IL 60174. Complete applications with payment will be accepted in the order received. A maximum of 25 students will be welcomed in each section (soprano, alto, tenor, bass) after which a wait list will be started. Scholarships may be available – contact St. Charles Singers at 630-513-5272 for more information.

Like us and follow us on Facebook!



Waiver and Release:

I, student and / or guardian, release and forever discharge and hold harmless St. Charles Singers (“SCS”) and its officers, directors, members, managers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of Premises used to conduct SCS activities (“Releasees”), and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, which arise or may hereafter arise from my entry on to the Premises or from my actions while participating in SCS activities. I, student and / or guardian, agree that the waivers, releases and indemnities in this document shall apply to, and Releasees shall not be liable for, any loss, damage or theft of my personal property, or any failure to provide supervision, instruction, training, or security in conjunction with the decision to participate in SCS activities. I, student and / or guardian, hereby release and forever discharge the Releasees from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my activity with SCS. I, student and / or guardian, also understand that SCS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage. As guardian for the student or if student is over eighteen years of age and behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in any St. Charles Singers activities or my presence on any premises, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I, student and / or guardian, expressly agree that this document is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that this document shall be governed by and interpreted in accordance with the laws of the State of Illinois.

Comprehension and Appreciation:

I, student and / or guardian, carefully read this Waiver of Liability and Indemnification and we fully understand its contents. I am aware that this is a binding legal document and that it affects my legal rights. I also understand that by releasing the Releasees from liability, we are giving up certain rights that we would otherwise retain. I acknowledge that we have had the opportunity to review this document and to seek legal advice if we have any questions, and we verify this statement by placing our initials here: _____

As a participant in the Summer Choral Workshop, students are expected to be on time and attend all rehearsals and performances and to prepare all parts prior to rehearsals as requested by staff; work hard, have fun, treat others with respect and possess a positive attitude.

I have read the expectations and am aware and available for the dates outlined. I understand the responsibilities and time commitments required and will fulfill this commitment.

Student Name _____ **Signature** _____

(Please print your name clearly as you would like it to appear on the program.)

I agree to my minor child’s commitment to and participation in the “Sing!” Workshop. I authorize the staff to act on my behalf should any medical treatment be required for my child. Permission is given for photos and recordings to be taken and used by St. Charles Singers.

Parent Signature _____ **Phone** _____

Please list any medical conditions such as allergies that we should be aware of.

Presenting Sponsor

