

**Gloucester County Children's Choir
Handbook Acknowledgement Form 2018- 2019**

A strong, successful and enjoyable choir involves a cooperative effort from the Board of Trustees, Choir Directors, Parents and Choristers. We need your help in order to make this a very prosperous year.

This handbook has been distributed to you in order to acquaint you with the responsibilities and opportunities of the Parent Guild. After you and your chorister have read through the Member Handbook, please sign the acknowledgement below.

My chorister and I have read the GCCC Member Handbook. We understand and agree with the information contained therein.

Parent Signature: _____ Date: _____

Parent Name (Print) _____

**Gloucester County Children's Choir
Chorister Registration and Bio Form 2018 - 2019**

Name: _____
(Please use full name as it should appear in the program)

Date of Birth: _____ Age as of 12/9/18: _____

Nickname, if any (as it should appear in the program): _____

Address: _____
Street City/State Zip

Home Phone #: _____

Chorister's E-Mail Address: (optional) _____

School: _____ Grade _____

Parent's/Guardian's Name(s): _____

Cell Phone/Emergency Contact # (s): _____

It is imperative that we have a current telephone/cell phone number where you can be reached in the event of a cancellation, change of venue, or medical emergency.

Parent's E-Mail Address(es):

How did you find out about GCCC? _____

Including this year, how many years has the chorister sung with the GCCC? _____

Part(s) the chorister usually sings: _____

Musical or Artistic Hobbies, Interests, Activities, and Accomplishments (continue on back):
Include instruments studied, voice studies, number of years studied, teacher of instrument or voice studies, band/orchestra or other chorus participation, performances and parts played, etc.

Any other information you would like to appear in the program, space permitting (continue on back):

**Gloucester County Children's Choir
Commitment Agreement for 2018 - 2019**

1. I will be faithful in attending rehearsals for the entire season. I realize that the primary purpose of rehearsals is to learn new material, perfect learned material and improve my musical ability.
2. I will do my best to notify one of the leaders at least 24 hours before a rehearsal if I cannot attend a rehearsal.
3. I will show respect at all times to the directors, audience, and at rehearsal and performance facilities.
4. I understand that music and other equipment are expensive investments of the choir and must be handled and stored with care. Failure to do this will result in my being financially responsible for replacement of damaged materials.
5. I will carry out my assigned duties at rehearsals and performances promptly and cheerfully.
6. I understand that electronic games, food, drink, chewing gum, or visitors or any other distractions are not allowed at rehearsals or performances.
7. I understand that I am not allowed to leave the rehearsal or performance building without adult supervision.
8. I realize that my participation in fund raising endeavors is important and necessary. I promise to do my part and work cooperatively in all fundraising activities of the choir. The two major fundraisers are patron donations for the Winter and Spring Concerts' Program Booklets.

I hereby declare that I am personally committed to the stated purposes and expectations of The Gloucester County Children's Choir.

Chorister Signature: _____ Date: _____

Chorister Name (Print) _____

As the parent/guardian, I am personally committed to the stated purposes and expectations of the Gloucester County Children's Choir. I realize that I am a member of the Parent Guild, which is vital to the support of the choir.

Parent Signature: _____ Date: _____

Parent Name (Print) _____

Please be prepared to pay the registration fees as described in the Member Handbook at the time of audition, or for returning members, on the first day of rehearsal. Cash, Check or Money Orders are accepted. Checks or Money Orders should be made payable to The Gloucester County Children's Arts Society, Inc. or The Gloucester County Children's Choir.

Gloucester County Children's Choir
Parent Volunteer Form 2018 - 2019
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As you know, successful non-profit organizations serving children value the commitment of parents. Your individual involvement in the Gloucester County Children's Choir is very much needed and appreciated. Please complete and return this form!

Parents' Name(s): _____

Member's Name: _____

Phone#: _____ E-mail: _____

Please print your name beside the areas in which YOU are willing to assist. You will be notified about the times and activities for which your assistance is needed.

- _____ **Uniform Coordinator** – Fit, order (along with the Treasurer of the Board of Trustees), distribute, collect, and catalogue uniforms and accessories.
- _____ **Music Librarian** – Distribute, collect, and catalogue sheet music to be used during the season.
- _____ **Newsletter Coordinator** – Obtain information and articles to publish a quarterly newsletter for distribution to choir families and the public.
- _____ **Public Relations Coordinator** – Prepare and coordinate newspaper advertisements, press releases, photographs, and the concert display table.
- _____ **Website Coordinator** – Work with the Board of Trustees, Parent Guild Officers, and Webmaster to manage and update the content of the choir's website.
- _____ **Fundraising Coordinator** – Coordinate volunteers and venues for fundraising events and activities.
- _____ **Event Chaperone** -- Check attendance; check for uniform neatness and consistency; assist directors in assembling choir members for warm-up, performance, after intermission, etc.; after warm-up, ensure that choir members take care of all their needs before the concert begins; assist choir members with line ups and during intermission; remind choir members of good stage presence and behavior.
- _____ **Winter/Spring Concert Reception Coordinator** (specify one concert or both) – Coordinate refreshments and set-up/clean-up crews.
- _____ **Winter/Spring Concert Usher** (specify one concert or both) – Distribute program books and assist concert-goers with special needs.
- _____ **Winter/Spring Concert Set-Up/Clean-Up Crew** (specify one concert or both) – Set up refreshments and beverages for reception following the concert and/or assist in clean-up after the reception.
- _____ **Winter/Spring Concert Program Book Coordinator** (specify one concert or both) – Responsible for layout, scanning, typesetting and coordinating all information and ads to assemble the program book; work closely with the Business Manager and Treasurer of the Board of Trustees and submit complete the program book for publication and printing.

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Parent Volunteer Form 2018 - 2019
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The Board of Trustees is particularly looking for people who have experience and are willing to assist in the following areas:

_____ **Fund Raising:**

- I have fundraising experience and would like to be an active member of a development committee.
- Individual: I am willing to assist with a campaign directed to individuals.
- Corporate: I am willing to assist with corporate fund raising.
- Foundations: I am willing to assist with foundation fundraising and grant writing.
- Special fund raising events

_____ **Photocopying:** I can donate photocopying and/or printing services.

_____ **Publicity:**

- | | |
|--|--|
| <input type="checkbox"/> I have experience in the following: | <input type="checkbox"/> I have media connections (specify): |
| ____ Press Releases | ____ Radio ____ Newspaper |
| ____ Brochures | ____ TV ____ Magazine |
| ____ Advertising | |

_____ **Photographer:** I am willing to photograph specific chorus rehearsals and performances for publicity purposes.

_____ **Event Recording:**

- I have experience with audio recording equipment and techniques.
- I have experience with video recording equipment and techniques.
- I have equipment.
- I am willing to schedule professionals to record concerts.

_____ **Language:**

- Speak
- Write
- Translate

fluently in the following language(s): _____

_____ I am willing to serve on the GCCC Board of Trustees.

_____ Other:

**Gloucester County Children's Choir
Permission and Release Form 2018 - 2019**

I (We) the undersigned parent (s) and/or guardian (s) of _____ do state and affirm that I am (we are) the legally authorized guardian (s) of the above named child, and I (we) also give permission for him/her to travel with the Gloucester County Children's Choir to all events scheduled by GCCC including concert tours to various locations. (I (We) also understand that concerts are usually video-taped.

(I) (We) also hereby give the adult staff and chaperones of GCCC permission to authorize medical treatment for my (our) child named above, as they deem necessary without additional permission from me. I (We) agree to assume responsibility for all expenses incurred by GCCC in order to obtain medical care for my (our) child.

In the event that the adult representatives of GCCC decide that my (our) child must leave an event for medical, behavior, or other unforeseen reasons, I (we) agree to assume responsibility for all cost related to his/her return trip home separate from the event. In case of hospitalization, I (we) agree to report to the location to tend to my (our) child.

In return for GCCC allowing my child to participate in concert tours and other events sponsored by GCCC, I (we) agree to release GCCC, its directors, agents, chaperones, and Designated Rehearsal Establishment, from all actions, causes, damages, claims or demands which the undersigned or said child or any successor may have against GCCC or such other parties, for all personal injuries, property damage or other type of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred during a tour, including transportation. Each person signing below acknowledges that he/she has read this release, understands all of its terms and their significance, and has executed this release voluntarily.

This permission and release form will remain in effect until the above named child no longer participates in GCCC or I (we) notify GCCC in writing of the withdrawal of my (our) permission and release.

Parent or Guardian Signature

Date

Parent or Guardian Name (Print)

Parent or Guardian Signature

Date

Parent or Guardian Name (Print)

* Both parents or guardians must execute this release. If custody of the child has been awarded to one parent by a court of law, only the custodial parent needs to sign. In cases where joint custody has been established by court, both parents must sign.

**Gloucester County Children's Choir
Medical Release Form 2018 - 2019
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Chorister's Name: _____

List all known medical conditions, including food allergies and/or drug allergies:

List any and all prescription and over-the-counter drugs taken regularly:

In an emergency, please contact: _____

Relationship to chorister: _____

Phone #'s: () _____ - _____ () _____ - _____
 () _____ - _____ () _____ - _____

Or contact: _____

Relationship to chorister: _____

Phone #'s: () _____ - _____ () _____ - _____
 () _____ - _____ () _____ - _____

Physician's Name: _____

Address: _____

Phone #'s: () _____ - _____ () _____ - _____

Dentist's Name: _____

Address: _____

Phone #'s: () _____ - _____ () _____ - _____

**Gloucester County Children's Choir
Medical Release Form 2018 - 2019
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Primary Insurance Company: _____

Phone #'s: () _____ - _____ () _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to Chorister: _____

ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____

Phone #'s: () _____ - _____ () _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to Chorister: _____

ID #: _____ Group/Policy #: _____

Statement of Consent: (to be signed in the presence of a legalized notary public)

In the event of an emergency or a non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to _____, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization: On this _____ day of _____, 20____, _____ personally appeared before me in _____ County in the State of _____ and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____