



PROGRAM APPLICATION

Name:

| | | | |
|-------|--------|------|---------------|
| First | Middle | Last | Date of Birth |
|-------|--------|------|---------------|

Address:

| | | |
|--------|------|-----------|
| Street | City | State/Zip |
|--------|------|-----------|

Contact:

| | | |
|------------|------------|-------|
| Home Phone | Cell Phone | Email |
|------------|------------|-------|

High/Middle School:

Name: _____

Address: _____

Phone: _____

Parent/Emergency Contact:

Name: _____

Address: _____

Phone: _____

Are You On (Circle all that apply):

| | | | |
|----------|---------|---------|-------|
| Facebook | MySpace | Twitter | Other |
|----------|---------|---------|-------|

Voice (Circle one):

| | | | |
|---------|------|-------|------|
| Soprano | Alto | Tenor | Bass |
|---------|------|-------|------|

Instrument (Circle all that apply):

| | | | | | |
|-------------|--------|------------|-------|-----------|-------|
| Piano/Organ | Guitar | Percussion | Horns | Saxophone | Other |
|-------------|--------|------------|-------|-----------|-------|

Dance (Circle all that apply):

| | | | | |
|--------|-------|------|------|-------|
| Praise | Flags | Step | Mime | Other |
|--------|-------|------|------|-------|

Church Affiliation (if applicable): _____

Pastor: _____

Choral/Dance/Instrumental Experience (List all other performing groups that you have worked with – past and present):

What is your definition of worship?

Rehearsal Availability:

PERMISSION FOR ENROLLMENT AND RELEASE FROM LIABILITY

FOR THE PARENT/GUARDIAN: I acknowledge that my child has expressed an interest to participate in the Jubilee Singers of Greater Cleveland. I have read and understand the attached information, and based on his/her eligibility; my son/daughter may participate in this community effort under the supervision of the management team identified. I understand and agree to the guidelines. I give permission for my child to participate and agree that he/she will abide by the guidelines according to the choir, I understand that failure to abide by the guidelines may result in my child being removed from the program. I, also acknowledge the fact that to the best of my knowledge, my son/daughter has no physical condition or any other afflictions that would prevent him or her from any active participation with the choir.

AUTHORIZATION: I (the applicant) attest to the fact I am a person between the ages of 12 – 35 years of age and I wish to participate in the Jubilee Singers of Greater Cleveland Youth & Young Adult Choir. (For those under the age of 18) I, the undersigned, hereby consent to the participation of my child in the organization named above. I understand that I have a duty to provide, when needed or requested, a copy of an emergency medical form, primary accident and medical insurance for my child (for travel purposes), and I declare that my child is covered by my primary accident and medical insurance. I further acknowledge that I have read the foregoing, understand its contents and have signed the same as my own act and deed.

I understand that even when every reasonable precaution is taken, accidents can sometimes still happen (particularly for the dance troops of the choir). Therefore, in exchange for the Management Team of the JSGC allowing me (or my child) to participate in the community choir, I understand and expressly acknowledge that I release the aforementioned organization and any subsidiaries and its members from all liability for any injury, loss or damage connected in any way whatsoever to my or my child's participation in the choir, whether on or off the premises occupied at the given time. I understand that this release includes any claims based on negligence, action or inaction of the organization, its members, officers, directors, and guests. I have read and am voluntarily signing this authorization and release. I have read this form and other program documentation and grant permission for my child, listed above, to participate in all activities provided by the JSGC. I further give permission for my or my child's photograph to be taken for use by the organization in all choral publications and for release to local media outlets.

X _____
Applicant Signature Date

X _____
Parent/Guardian Signature (if applicable) Date