

Piedmont Opera
Singer Registration Form: 2025 - 2026 Season

Please PRINT and fill out all of these forms.

Name of Singer: _____

Grade in School as of August: _____ School attending: _____

Birthdate: _____ Home Telephone Number _____

Mailing Address: Street or P.O. Box #: _____

City: _____ Zip Code _____

E-mail address(es) of Parent/Family to send Chorus Information:

8th - 12th Graders Only: Singer email address & Cell Phone #: _____

Emergency Contact Information: Please fill out completely.

Parent #1 full name: _____ Cell phone: _____

Place of Employment: _____ Work Phone #: _____

Mailing Address if different from above: _____

Parent #2 full name: _____ Cell phone: _____

Place of Employment: _____ Work phone #: _____

Mailing Address if different from above: _____

Other Emergency Contact: Name of person: _____

Phone Number(s): _____ Relationship to the child: _____

Medical Doctor _____ Emergency Phone: _____

Primary Family Health Insurance Policy Number & Company Name:

Secondary _____

Date of last tetanus immunization if applicable _____

Emergency Medical Information, continued:

Any allergies to food and/or medicines? Please list:

List any medications child is taking on an ongoing basis, including amounts:

Please list any conditions/special needs of which we should be made aware so that we can fully support your child, including ADD/ADHD, Spectrum Disorders, Diabetes, Anxiety, Dyslexia, etc.

PHOTO/LIKENESS/IMAGES & PARTICIPATION RELEASE FORM

_____ Piedmont Opera is permitted to use photo and video images of my child taken during the program for publicity purposes (PO website, newsletters, flyers, etc.). I understand that the chorus has exclusive rights to all image(s) taken by PO on or off-site. Equally, I attest that no payment has been negotiated and that I am providing my consent without the expectation of payment now or in the future. In consideration of the benefits to be derived, and having confidence that reasonable precautions will be taken to ensure the safety and well being of my child, I hereby agree to his/her participation, and waive all claims against the directors, staff, and volunteers.

Signature of Parent/Guardian & Date

STATEMENT OF MEDICAL RELEASE

I HEREBY GIVE MY PERMISSION TO Piedmont Opera's personnel and/or qualified medical personnel to act on my behalf in securing and administering all necessary emergency care for my child _____ (name of singer).

Signature of Parent/Guardian & Date

PERMISSION FOR RELEASE OF INFORMATION

_____ I grant my permission to include our contact information in the chorus roster that will be sent ONLY to Piedmont Opera personnel and families. I understand that this information will be treated confidentially and given only with my permission. (This is to be able to contact other parents for the purpose of carpooling, parent volunteer information, etc.)

_____ I do NOT grant my permission to include any of the above information in the chorus roster to be sent. I understand that only my child's name will be listed.

Signature of Parent/Guardian & Date

Singer Transportation List

The following individuals, in addition to the guardians and emergency contacts listed above, are authorized to pick up my child. *Please separate names with a comma.*
