

TWIN CITIES YOUTH CHORALE

Application for 2010-2011 Season

Student Name: _____ Gender: Male / Female

Grade in 2010-2011 School Year: 4 / 5 / 6 / 7 / 8 School: _____

Music Teacher(s): _____

Parent/Guardian: _____

Home Address: _____
(street) (city) (zip)

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail (print clearly) _____

Allergies or health concerns? _____

Medications? _____

Emergency Contact Name _____ Phone _____

We would like to be on the carpool distribution list? Yes / No Can you be a carpool driver? Yes / No

How did you hear of TCYC? Friend Flyer Website Teacher Newspaper Attended Concert

AUDITION DATE & TIME

Please note your first, second and third choices:

September 7, 2010							
4:30 PM	4:50 PM	5:15 PM	5:40 PM				

STUDENT QUESTIONS

1. When is your birthday? _____

2. What is the name of the last book you read? _____

3. What do you want to do when you grow up? _____

4. What do you like to do during your free time? _____

5. Do you play an instrument(s)? If so, how long have you studied?

6. Have you been a member of a choral organization? If so, what group?

PARENT VOLUNTEER OPPORTUNITIES

Please check all that apply.

I am interested in assisting TCYC with the following:

- Uniform Fitting Coordinator
- Arrange a family mixer event
- Marketing
- Accounting
- Press Releases/Publicity
- Fundraising
- Photography – Concerts

- Photography – Singer registration
- Coordinating volunteers for all events
- Grant writing
- Serving on the Board of Directors
- Equipment storage (risers)
- Other _____

PARENT QUESTIONS

1. Can you arrange to have your child transported to and from rehearsal at Prince of Peace Lutheran Church in Brooklyn Park? **Yes / No**
2. With your help, can the members of the chorus count on your son/daughter to make every effort to attend all Tuesday afternoon rehearsals, dress rehearsals and concerts? **Yes / No**
3. If accepted into Twin Cities Youth Chorale, my child _____ is interested in being considered for instrumental accompaniments, vocal solos, and/or other special parts. I understand that auditions and practice times will take place after regular rehearsal, typically between 6:00-6:30 PM. **Yes / No**
4. I understand that my singer's non-refundable \$325 tuition payment is due by Sept. 30, 2010. **Yes / No**

Please contact the Executive Director, Jennifer Rose, if you would like to arrange a payment plan.

AUTHORIZATION

My singer and I have read the information provided about Twin Cities Youth Chorale and have completed the application form. We understand we will be contacted to confirm an audition time and will be notified about acceptance to membership by Sept. 10, 2010 via e-mail to the address provided on this form. Tuition aid applications, provided upon acceptance, are due Sept. 17, 2010 and notifications will be made by Sept. 24, 2010.

Parent/Guardian Signature

Date

WAIVER OF LIABILITY

I understand that Twin Cities Youth Chorale assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or his/her participation in Twin Cities Youth Chorale activities, which include auditions, rehearsals, performances, and group travel.

On behalf of my minor child and heirs, I assume the risk for any and all injuries or illnesses which may result from my minor child's participation in these activities. I hereby release and discharge Twin Cities Youth Chorale, its directors, officers, employees and volunteers from any and all claims of any kind which may arise as a result of my child's participation in these activities.

Parent/Guardian Signature

Date

REMITTANCE

No payment is due at this time. Auditions will be held at Prince of Peace Lutheran Church, 7217 West Broadway, Brooklyn Park. We will contact you to confirm a 20-minute audition time that is convenient for you and your singer. Accepted singers begin rehearsals on September 14, 2010.

Please bring your completed application to your audition or mail it to:

Twin Cities Youth Chorale
P.O. Box 2081
Maple Grove, MN 55311-9998



TWIN CITIES YOUTH CHORALE

PHOTO, AUDIO & VIDEO RELEASE

On behalf of my minor child(ren) named below, I hereby consent to and authorize the reproduction, publication and/or any other use by Twin Cities Youth Chorale (TCYC), its licensees and assigns, of photographs/audio/video taken of my child(ren) during the course of their participation in auditions for and/or the 2010-2011 TCYC performance season, in whole or part in conjunction with other photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotion, advertising or web content, without any royalty or compensation to me.

I assign to TCYC any and all rights of ownership to the photographs/audio/video, the transparencies or digital files thereof, and agree that TCYC has full right to copyright, use and publish the same in print and/or electronically, with full right of lawful disposition in any manner.

I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which the TCYC may make or authorize, and I release the TCYC, and its licensees and assigns, from any claim or liability arising from or in connection with TCYC's use of the photographs/audio/video or any alteration, processing or use thereof in composite form, whether intentional or otherwise.

Parent/Guardian Signature

Date

Name of Minor Singer(s) - Please Print