



Office Use Only	
DB	_____
Email	_____
P&F E-mail	_____
BC	_____

New Member Application for Youth Under Age 18

General Information

Your Name: _____
First Last

Address: _____
Street City State ZIP

Cell phone: (____) _____ Alternate phone: (____) _____

E-mail: _____ Social Media: _____

Pronouns: _____ Birth date: _____ Your age today: _____

Do you have school/work commitments that might prevent you from attending weekly rehearsals?

If you play any instruments, what are they? How long have you played? _____

If you are under age 18, a parent/guardian must complete:

Parent/Guardian

Full Name: _____
First M.I. Last

Address: _____
Street City State ZIP

Cell phone: (____) _____ Alternate phone: (____) _____

E-mail: _____

Check/complete below as desired:

- I want to be put on the Parent/Guardian/Friends of Diverse Harmony email list. This list is used to send information about our rehearsals, concerts and activities.
- I want to list multiple parents/guardians information here:

--	--

As a Member of the Diverse Voices Choir

I agree to appear in public performance with the Choir. I will read the accompanying **Diverse Harmony Anti-Harassment Policy, Procedures and Reporting Requirements**. I also understand that I can be dismissed from the Choir for any reason by the Artistic Director.

All choir members must be fully vaccinated and boosted for Covid 19. Attach a copy of your Covid 19 vaccination card.

By signing this form, I agree to follow the expectations listed here and to meet the expectations required for all members of the Diverse Voices Choir.

1. Choir members agree to follow instructions given by Artistic Director, Choir staff or chaperones.
2. Choir members will always behave in a way that is respectful to self and others.
3. There will be no use of any illegal substances (including prescription drugs not specifically prescribed to the user) by any member. This applies to the consumption of alcohol by any Choir member under the legal age of 21 and to any member of legal drinking age while rehearsing or representing the Choir either privately or publicly.
4. There will be no use of tobacco or marijuana by any Choir member while rehearsing, on Choir business or presenting publicly. This applies to Choir members regardless of age.
5. Choir members must attend all scheduled events, rehearsals and performances as specified by the Artistic Director. Punctuality and preparedness are not only practical, but they are also a form of respect. Be on time.
6. If a Choir member is going to miss a rehearsal, performance or other scheduled event, it is that member's responsibility to notify the Artistic Director.
7. Choir members are expected to dress appropriately. Any questions or disputes on appropriateness are determined in the discretion of the Artistic Director.
8. I hereby grant permission for Diverse Harmony and the Choir to use my unrestricted image including the display, distribution, publication, transmission or other use of photographs, electronic images, audio recordings and/or video recordings taken of me for use in materials on the Diverse Harmony website and other internet locations. I agree that these images and recordings may be used for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand that my last name will not be used in conjunction with any audio or video recordings or digital images.
9. No Choir member shall engage in behavior that will endanger others or themselves. If someone around you is behaving in an unsafe way, leave and inform the Artistic Director, Choir staff, parents and/or chaperones immediately.
10. Any suspected case of sexual misconduct should be reported to the Artistic Director, Choir staff, a volunteer or chaperone immediately. Contact with appropriate investigative authorities and agencies will be initiated immediately. See Diverse Harmony's **Anti-Harassment Policy, Procedures and Reporting Requirements**.

I have read the expectations stated above and agree to follow them while being a member of the Choir. I understand that if I do not follow any of these expectations, I will be ineligible to perform and may be asked to leave the Choir.

Your name printed: _____ Your signature: _____ Date: _____

For the parent or guardian of Choir members who are under the age of 18:

I have carefully read the expectations stated above and I give my permission to my child/ward to participate in the Diverse Voices Choir.

Your name printed: _____ Your signature: _____

Today's date: _____ Relationship to Member: _____

Medical Information

Please note that the information on this page is for emergency medical purposes only. The questions you answer cover important information that a doctor may need to know to provide proper care for you in an emergency. Any information you provide will be kept strictly confidential and will be disclosed only in an emergency and only for the purposes of obtaining emergency medical treatment.

Your Name: _____
First Last

Are you currently under a doctor’s care for any medical condition? If yes, please describe briefly.

List any allergies _____

List any medications that you take currently (including supplements, herbal remedies or over-the-counter ones)

Primary Care Physician’s name: _____ Phone number: _____

Medical Insurance Company: _____

Medical Insurance Card and/or Group Number: _____

Provide the name and cell phone information for up to two people that we may contact in an emergency:

Name:	Name:
Cell phone:	Cell phone:

I hereby authorize an adult representative of Diverse Harmony to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for me in a medical emergency.

Your name printed: _____ Your signature: _____ Date: _____

For the parent or guardian of Choir members who are under the age of 18, please signify consent:

I hereby authorize an adult representative of Diverse Harmony to give consent for all reasonable emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for _____, my child/ward in a medical emergency.

Your name printed: _____ Your signature: _____

Today’s date: _____ Relationship to Member: _____