

**The Peninsula Girls Chorus---PGC Coastside
2017~2018 Registration and Personal Information**

This form must be received in the PGC office prior to your singer attending rehearsal.

Deadline for Fall Registration is Thursday, Sept. 14.

Today's Date: _____ Singer's Date of Birth: _____
(MM / DD / YY)

Singer's Name

_____ Last

_____ First

_____ Middle

Address

_____ Street

_____ City

_____ ZIP

Primary Language Spoken at Home: _____

Parent 1 Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email _____

(we will send PGC communications to this address)

Parent 1 employer _____

School attending 2015/2016 _____ Grade _____

Parent 2 Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email _____

Parent 2 employer _____

Person to contact if parents cannot be reached (please give at least 2 names):

1. _____ Phone(s) _____

2. _____ Phone(s) _____

EMERGENCY AUTHORIZATION:

In case of an emergency, in the event I cannot be reached, I hereby give permission to the physician selected by the Peninsula Girls Chorus (PGC) staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery where indicated for my child as named above.

Signed _____ Date _____

Please list any health or learning problems, allergies, or medications the PGC should know about in order to make this a positive experience for your singer:

