



# CAPELLA REGALIS MEN AND BOYS CHOIR

6350 Coburg Road, Halifax, Nova Scotia B3H 2A1 [www.capellaregalis.com](http://www.capellaregalis.com)

## CHORISTER REGISTRATION FORM 2016–2017

Please PRINT information clearly.

Return form with the chorister to his first rehearsal, or mail form to the address at the top.

Name of chorister: \_\_\_\_\_  
Surname First name Middle Name/Initial

Age: \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Chorister's email (if different from parents): \_\_\_\_\_

Grade (Sept. 2016): \_\_\_\_\_ School: \_\_\_\_\_

### Parent/Guardian information:

<i>(please circle one)</i>	Mother/Guardian			Father/Guardian	
	Ms.	Mrs.	Dr.	Mr.	Dr.
Surname					
First Name					
Street Address					
City					
Province					
Postal Code					
Phone (Home & Office)	Home		Office	Home Office	
Phone (Cell)					
Email <i>(please print clearly)</i>					
Occupation					
Chorister lives with <i>(please check)</i>					



In consideration of *Capella Regalis* providing my child/ward with free transportation to and from rehearsals, I, on behalf of myself and my child/ward, including all heirs and assigns, hereby agree to release, waive, discharge, hold harmless, and indemnify the *Capella Regalis* Men and Boys Choir Society, its directors, officers, employees, staff, volunteers, agents, and representatives, from and against any and all claims, actions, losses, costs, damages and/or expenses of any nature, including all attorneys' fees and costs, which arise by or in connection with my child's/ward's participation in the *Capella Regalis* transportation programme.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

If you are not requesting transportation, please describe how the chorister will return home from rehearsals, generally (e.g., walk home, pick up by parent, carpool, public transport):

\_\_\_\_\_

Please indicate whether you are interested in helping as a driver for the transportation programme. We will contact you to determine what days and how often you may be able to assist. Even occasional assistance, so long as it's consistent, or serving as a back-up driver in the event the main driver becomes ill or otherwise unavailable, is very helpful to us.

\_\_\_\_\_ Yes, I am interested in helping with the transportation programme.

\_\_\_\_\_ No, I am unable to help with the transportation programme.

**CAPELLA REGALIS PUBLICATIONS/ADVERTISING CONSENT:**

*Capella Regalis* maintains a website ([www.capellaregalis.com](http://www.capellaregalis.com)) and develops other recruiting, fundraising, publicity, advertising, and archival materials, including photographs and audio and video recordings, for distribution and publication. We aim to comply with all applicable privacy rules and regulations while at the same time providing our community and supporters with information about the activities and accomplishments of our organization. We would therefore like your permission to use photographs, audio recordings, and videos that include your child in any of the above-mentioned ways. Please note that last names will not be used for these purposes without your specific permission.

\_\_\_\_\_ Yes, I grant permission to *Capella Regalis* to use, adapt, edit, reproduce, distribute and publicly perform, in any way that *Capella Regalis* shall in its sole discretion determine and in any form or medium now known or later developed, all or part of the photograph, videotape or audiotape material that *Capella Regalis*, either directly or through its agents, records of my child/ward. I release *Capella Regalis* and its directors, officers, employees, staff, volunteers, agents, and representatives from and against any and all claims that I or my child/ward may have in connection with such use, distribution, or publication of such materials.

\_\_\_\_\_ No, I do not grant permission to *Capella Regalis* to use, adapt, edit, reproduce, distribute and publicly perform any photograph, videotape or audiotape materials that *Capella Regalis* records of my child/ward.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Chorister Name \_\_\_\_\_

END