



# REGISTRATION FORM

## STEP 1: Enclose Payment

Cheque (payable to *Église de l'île Jésus*)       Money Order (payable to *Eclats de Joie*)       Cash

## STEP 2: Fill Out Registration Form

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

PHONE - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate (yy/mm/dd): \_\_\_\_\_ Age: \_\_\_\_\_

### MEDICAL BACKGROUND

Medical Conditions:

Asthma  Diabetes  Epilepsy

Allergies: Specify: \_\_\_\_\_

Other: Specify: \_\_\_\_\_

Do you take any regular medication? If so, please specify: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### MUSICAL BACKGROUND & EXPERIENCE

Do you play an instrument? If so, which one? \_\_\_\_\_

At what level do you play? / Years of experience: \_\_\_\_\_

List your previous experience in choir or in singing: \_\_\_\_\_

\_\_\_\_\_

Can you read music?  Yes  No  A little

### GENERAL INFORMATION

Languages (spoken/understood):  French  English

How did you hear about the *Eclats de Joie* children's choir? \_\_\_\_\_

If you are affiliated with a church, please indicate which one: \_\_\_\_\_

**STEP 3: Read & Sign the Release Form**

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward.
2. I have read this document thoroughly.
3. I understand that by signing this document I am agreeing to enroll my child/ward in the *Eclats de Joie* children's choir. This entails attending weekly Saturday AM practices and making my child/ward available for regular performances.

\_\_\_\_\_  
Signature of Parent/Guardian

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

Date (yyyy-mm-dd): \_\_\_\_\_

**MEDICAL AUTHORIZATION:** I hereby authorize the staff of the *Eclats de Joie* choir to make any and all decisions regarding the *emergency* treatment of my child/ward, as required.

\_\_\_\_\_  
Signature of Parent/Guardian

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

Date (yyyy-mm-dd): \_\_\_\_\_

**PROMOTION AUTHORIZATION:** The parent/guardians of the choir participant authorize the choir to use photos, video footage and other choir media for the purposes of promotion and publicity.

\_\_\_\_\_  
Signature of Parent/Guardian

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

Date (yyyy-mm-dd): \_\_\_\_\_

**STEP 4: Mail or Email Registration Form To:**

**Eclats de Joie**

75 Highfield  
TMR, QC  
H3P 1C5

**Information:**

Phone: 514.735.1140  
Email: info@eclatsdejoie.org

**CHECKLIST**

- Fill out registration form
- Read & sign Release Form
- Include payment of \$30.00

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ T-SHIRT (Dave Given/Size) : \_\_\_\_\_

yy-mm-dd

yy-mm-dd

XL/L/M/S

COMMENTS/NOTES: