



## Registration Form

Please fill in the fields or if printing please use block capitals.

Parents or Guardians:

Email Address	<input type="text"/>
Family Name	<input type="text"/>
First Name	<input type="text"/>
Contact Mobile	<input type="text"/>
Address	<input type="text"/>

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Family Name	<input type="text"/>
First Name	<input type="text"/>
Contact Mobile	<input type="text"/>
Address	<input type="text"/>

### Regular Pick Up (if not the parent or guardian) emergency contact details

Family Name	<input type="text"/>
First Name	<input type="text"/>
Mobile	<input type="text"/>

How did you hear about us?

We have read and will abide by the Youth Choir Rules and Code of Conduct.

Signed (enter name if online)

Date

Please return by email to [contact@cotswoldyouthchoir.org.uk](mailto:contact@cotswoldyouthchoir.org.uk) or by post to:  
6 Chestnut Drive, Ascott under Wychwood, Chipping Norton, OXON OX76BZ



# Registration Form

## Participant Details

Please repeat this page for each participant being registered

Family Name	<input type="text"/>
First Name	<input type="text"/>
Known As	<input type="text"/>
Date of Birth	<input type="text"/>
School Attended or HOME	<input type="text"/>
Medical or Special Needs	<input type="text"/>

## Helpful Information

It would be useful for us to know this but you don't have to tell us.

Can you read music (Yes / No / Maybe)	<input type="text"/>
A choir you have sung in e.g. school or church	<input type="text"/>
Instruments Played	<input type="text"/>
Voice part if known (SATB)	<input type="text"/>

## Parent Permission

Can be given Calpol	<input type="text"/>
Can be given aspirin	<input type="text"/>
Can be given other painkillers	<input type="text"/>
Can appear in official publicity photographs	<input type="text"/>



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