**Registration form 2022 - 2023**

Membership of the Huddersfield Choral Youth Choirs (HCYC) encourages young people to develop a love of choral singing, to make music together and to perform in concert & competition. Rehearsing and learning together offers the opportunity to make friends, develop confidence and self-esteem therefore regular attendance at rehearsals and concerts is vital for each choir member and for the overall performance of each of the choirs. This is a substantial time commitment for singers and families.

Name of singer: ……………………………………………………………………………………………………………………………………

Home address: …………………………………………………………………………………………………………………………………...

 …………………………………………………………………………………………………………………………………..

Post code: …………………………. E-mail: …………………………………………………………………………………..

Date of birth: ……………………………... School / college: …………………………………………………………………….

Contact telephone numbers (*please provide two adult contacts in case of an emergency):*

 Name ……………………………………………… Number ……………………………………………………………………………...

 Name ……………………………………………… Number ……………………………………………………………………………..

Any previous singing/musical experience? ……………………………………………………………………….………………………….

Where did you hear about the choirs? …………………………………………………………………………………………………………..

I give my consent for my details to be stored on a secure database and understand these details will only be used by HCYC to provide information about the choirs. *Please tick to agree*

I give my consent for photographs/video images, which include me/my child, to be used by HCYC on its website and in social media, and for other publicity purposes. *Please tick to agree*

Senior choir only – I give consent for my child’s email address to be kept on file & used to keep them informed of up & coming events, news etc *Please tick to agree*

*Email address of child ……………………………………………………………………………………………*

*Please see our website for our policies including safeguarding & privacy – www.huddersfieldchoralyouthchoirs.com*

Please tell us below if you/your child has any health condition that we should know about (in case of emergency) and any medication they carry or require …………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………

**Signature of parent/carer/member *(only if aged 18 years or over) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**