

Signature Page

Chorister Name (Last, First)

This form is required for the completion of your electronic RSCM registration. These signatures indicate that you have read and agreed to the information in the chorister packet and the online registration form. You may submit this completed form my mail or by a scan or photo emailed to the course registrar.		
Behavior Policy I have read the Behavior Policy in full ar	nd I agree that to abide by this covenant.	
Chorister SIgnature	Date	
Parent Initial	Date	
Choir Director Initial	Date	
-	canding. She is mature enough socially and musically to e comes with the recommendation of her choir director gn below.	
Choir Director Signature	Date	
Rector/Pastor Signature	Date	

Photo/Media Release I have read the Photo and Media Release in full and I agree that photographs and recordings may be used as publicity, or advertising to further their ministries and musical activities, and I waive any right to compensation, royalties, or ownership.	
Parent Initial	Date
Medical and Consent Release I have read the Consent Release in full ar participate in the Royal School of Church	nd agree to full participation and consent for my child to Music Carolina Training Course.
or physicians, of such medical services ar during the aforementioned period of time,	nt for the rendering to my child, by a licensed physician and treatment as may become necessary or advisable regardless of whether such treatment or services gency, unanticipated condition or otherwise. Such

technicians, assistants, other physicians, and any qualified medical personnel working under the

consent and authorization shall include also the cooperation and assistance of nurses,

supervision of licensed physicians.

Signatures of <u>both parents</u>, custodians, or guardians of above-named child are required. (<u>Both parents must sign or in the case of divorced parents, the parent with custody.</u>) Release must be signed before the child can participate in any RSCM activity.

Please remember to submit a copy of the front <u>and</u> back of your health insurance card.