



UNC CHARLOTTE

Registration Form: UNC Charlotte Children's Choir

*****Please bring the Waiver of Liability to the first rehearsal completed and signed.***

****You may bring this form on the first day of rehearsals.***

Please Print Legibly

Name of Child: _____

Present grade & age: _____

Address: _____ City, ST ZIP: _____

Child's School: _____ Music teacher: _____

Parents'/Guardians' Names: _____

Home Phone: _____

Mother's/Guardian's Cell: _____ Father's/guardian's Cell: _____

Mother's/Guardian's work phone: _____

Father's/Guardian's work phone: _____

Other family member contact(s): _____ (if applicable)

Primary email for your household: _____

Emergency Contact Name & Number: _____

Other information (medical, etc.): _____

Signature of parent/guardian: _____

Please return this form to:

Kelly A. Poquette, Adjunct Professor of Music Education

UNC Charlotte Department of Music

9201 University City Blvd

Charlotte, NC 28223

kpoquett@charlotte.edu (a scanned copy to this address is fine)

Fax: 704-687-0258