



2014-2015 Emergency Contact, Medical History
& Enrollment Agreement

(To be completed only by a parent or legal guardian)

Last Name First Name Middle Name
Date of Birth School Grade Social Sec. #

Parent Name(s)
Home Address City State Zip

ChoirBoy resides with (check all that apply):
Father: Home Telephone Cell eMail
Mother: Home Telephone Cell eMail

EMERGENCY CONTACTS (Please list three persons other than the above)

#1: Name Home Phone Cell Relationship
#2: Name Home Phone Cell Relationship
#3: Name Home Phone Cell Relationship

Child's Doctor or Clinic: Telephone

Is the child covered by Medical Insurance?
Any comments concerning emergency contacts:

(Please check and give approximate dates)

- Checkboxes for medical history: Frequent Ear Infection, Heart Defect, Convulsions, Diabetes, Bleeding/Clotting Issues, High Blood Pressure, Mononucleosis, Psychiatric Treatment, Strep Throat, Lead Poisoning, Sick Cell, Head/Neck Trauma, Broken Bones, Chicken Pox, Measles, German Measles, Mumps, MRSA, Other.

Allergies and Allergic Conditions:

Medication Allergies:

Please list any food or beverage restrictions or allergies:

Has the child ever required hospitalization? Explain:

Please list all operations or serious injuries with dates:

List any disabilities or chronic or recurring illness:

Please list any regular medications along with dosage instructions:

Please provide any additional medical information or instructions:

Please complete side two.

**MEMBERSHIP AGREEMENT**

The above provided information is correct and complete to the best of my knowledge. I/We have read and understand the terms, policies and membership requirements as explained in the Choirboy Handbook and understand that signing this agreement confirms compliance. I/We give complete authorization for a representative of *the Florida BoyChoirs, Inc.* to request and receive any medical treatment in the event of need. I/We accept full responsibility for the payment of all medical services provided. I/We release and hold blameless the employees, volunteers, and Board of Directors of the *Florida BoyChoirs, Inc.* from any and all claims of liability past, present and/or future. I/We accept the financial responsibility for any and all damage to materials or facilities or personal property for which this child is found to be responsible. I/We acknowledge that the *Florida BoyChoirs, Inc.* owns and has discretion over the use of all photographs and recordings created.

**PLEASE HAVE THIS FORM NOTARIZED**

SIGNATURE:

**X** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (Printed) \_\_\_\_\_

Relationship to Choirboy: \_\_\_\_\_