



Please return this form by 6/1/2026

Singer's Information

LAST NAME: _____ FIRST NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ School (Fall 2026) _____ Grade (Fall 2026) _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

Summer Camp T-Shirt Size:

Use the dropdown menu to select size or circle one below:

Youth (Y) Adult (A) - YS, YM, YL, YXL, AS, AM, AL, AXL

Child lives with: Both Parents Mom Dad Guardian: _____ Other _____

Parent Information

Mother's Name: _____ Employer: _____

Cell Phone: _____ E-Mail: _____

Father's Name: _____ Employer: _____

Cell Phone: _____ E-Mail: _____

How did you hear about us? _____

Photo Consent

I consent to my child's photo being taken during choir activities and used in brochures, newspaper articles and publicity materials and on the Choir Website, my signature at the bottom of this form indicates that I agree to this.

Emergency Information

Is your child currently taking any prescribed medication? Yes No

If yes, describe: _____

Does your child suffer from any allergies or medical conditions? Yes No

If yes, describe: _____

If parent or guardian cannot be reached in an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Medical Release

I hereby release the Grand Rapids Choir of Men & Boys, its Staff and its Board of Directors from liability for any injury that my child may sustain while with the choir. Further, in case of emergency, I authorize the Grand Rapids Choir of Men and Boys or any of its designated representatives to obtain emergency medical treatment for my child. In case of emergency, I expect to be contacted as soon as possible.

Parent or Guardian's Name **Printed** Parent or Guardian's **Signature** Date

Please scan and email this form to info@grcmb.org or mail to:

GRCMB, PO Box 6152, Grand Rapids, MI 49516-6152 **Please return this form by 6/1/2026**