



## Youth Participant Registration Participant Information (Please Print Clearly)

A completed form is necessary for registration. Please turn in completed form to BeckRidge.  
Please register early to secure your spot. A waiting list will be enacted if the program is full.

Participant Name: \_\_\_\_\_ Past Participant  Yes  No  
FIRST
MIDDLE
LAST

Age today: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last grade completed: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_  
CITY
STATE
ZIP

Mother's Name: \_\_\_\_\_

Home Phone                       Work Phone                       Cell Phone

CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER

Father's Name: \_\_\_\_\_

Home Phone                       Work Phone                       Cell Phone

CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER

Email Address: \_\_\_\_\_

Would you like to receive information via email at this address?  Yes  No

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Authorized Pick-Up

Name of person(s), in addition to parents, to who participant may be released.

1. \_\_\_\_\_  
NAME
RELATIONSHIP
PHONE NUMBER
SECOND PHONE NUMBER

2. \_\_\_\_\_  
NAME
RELATIONSHIP
PHONE NUMBER
SECOND PHONE NUMBER

3. \_\_\_\_\_  
NAME
RELATIONSHIP
PHONE NUMBER
SECOND PHONE NUMBER

# Emergency Information

Name of person(s) to be notified in an emergency when parent/guardian is not available

1. \_\_\_\_\_  
NAME                                      RELATIONSHIP                                      PHONE NUMBER                                      SECOND PHONE NUMBER

2. \_\_\_\_\_  
NAME                                      RELATIONSHIP                                      PHONE NUMBER                                      SECOND PHONE NUMBER

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Health Insurance Policy: \_\_\_\_\_  
INSURANCE NAME                                      POLICY NUMBER

Are the participant's immunizations up-to date?  Yes  No

Please check ONE:  I hereby give permission  I hereby DO NOT give permission  
to BeckRidge Productions to secure emergency medical and/or emergency surgical treatment for the above minor.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE                                      DATE

## Special Health Considerations

Please check YES or NO in the boxes that apply. For questions checked YES, tell us about them in the space provided. All information helps us provide the best possible experience for your child.

- Food allergies  Yes  No \_\_\_\_\_
- Dietary regiment  Yes  No \_\_\_\_\_
- Medical conditions  Yes  No \_\_\_\_\_  
(seizures, asthma, etc.)
- Behavioral considerations  Yes  No \_\_\_\_\_  
(autism, anxiety, etc.)
- Talents/abilities  Yes  No \_\_\_\_\_
- Needs/limitations  Yes  No \_\_\_\_\_  
(physical or otherwise)
- Serious fears  Yes  No \_\_\_\_\_
- Medications\*  Yes  No \_\_\_\_\_

\*Our staff members are not authorized to dispense medications or administer injections.

Please provide other information helping us provide the best experience for your child: \_\_\_\_\_

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## Exposure to the Arts

Current School: \_\_\_\_\_ Does participant sing?  Yes  No

Has participant sung in a choir?  Yes  No What kind of singing voice does the participant have?  High  Low

Theater Experience: (School or Community) \_\_\_\_\_

Dance Experience: \_\_\_\_\_

Has participant had private music lessons?  Yes  No If yes, what instrument, how long? \_\_\_\_\_

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## Payment

Payment is required with the return of this form. We accept cash, check and all major credit cards. Please make checks payable to BECKRIDGE. You can send payment to: BeckRidge Productions - 40525 Kopperrick Road, Canton, MI 48187

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CREDIT CARD NUMBER

NAME ON CREDIT CARD

EXPIRATION DATE

CSV

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SIGNATURE

DATE

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## Waiver of Liability

In signing the Participant Information form, I state that the above participant is in good health and free from any communicable disease or illness and I shall defend, indemnify and hold harmless BeckRidge Productions/BeckRidge Chorale, its officers and members from and against any damage, loss, theft or destruction of any kind and against any losses, liabilities, damages, injuries, claims, demands, costs and expenses of every kind and nature whether or not covered by insurance, including legal fees and disbursements arising out of and in connection with my or my child's negligent use of the premises or the breach of any representation, warranty, or covenant contained herein. If BeckRidge Productions personnel are unable to reach an emergency contact listed herein, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay for all expenses that possibly may be incurred by this emergency situation/case. In consideration of BeckRidge Productions permitting my child to participate in said events, I hereby, for myself, my child, my heirs, administration and assigns, and for any and all injuries which I or my child may suffer while taking part in any activities connected with this event. In case of injury, and an emergency contact is unable to be contacted by your staff, I give my consent to have medical treatment administered to me or my child if deemed necessary by a physician. My signature allows permission to use photographs and/or video of my child to be used in association with promoting and or advertising BeckRidge Productions.

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SIGNATURE

DATE