

Sola Gratia Musicians Registration Packet

Spring 2022 Tuition Information

| Choir | Ages | Spring Tuition Due on/by December 20th |
|-----------------|-----------|---|
| Cantabile Choir | 7-11 | \$110 |
| Laudate Choir | 12 and up | \$130 |

Each student's tuition includes a non-refundable \$40 processing fee. While tuition is non-refundable once rehearsals begin, if a serious medical condition prevents a chorister from completing the choral season, a prorated refund may be given at the discretion of the Administrator.

Choir sizes may be limited, and registrations will be accepted on a first-come, first-served basis. Tuition will be returned promptly if the choir size limitation is reached.

For new students, assignment to a particular choir is tentative for registration purposes. The Director may opt to place students in choirs based on their ability rather than age, as appropriate. Actual placement will be determined by the director at auditions. Tuition adjustments may be necessary at that time.

Registration

Parents' Names: _____

Address: _____ City _____ Zip _____

Home (____) ____ - _____ Cell (____) ____ - _____

Parent Email: _____

| Student Name | Email Address | T-shirt Size* | M/F | Birth date MM/DD/YY | Age on 10/1/21 | Grade | †Choir (Circle) | Amount enclosed for each student |
|--------------|---------------|---------------|-----|------------------------|-------------------|-------|--------------------|-------------------------------------|
| | | | | | | | CC LC | |
| | | | | | | | CC LC | |
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*T-shirt sizes: indicate **Adult size** (A-S, A-M, A-L, A-XL) or **Youth size** (Y-S, Y-M, Y-L, Y-XL)

†CC= Cantabile Choir LC = Laudate Choir

Does your family do traditional home education, virtual charter school, or other (please specify):

Name of local church attended: _____

How did you hear of SGM? _____

Please print and complete this registration packet, and mail along with tuition payment (made out to SGM) to: Jennifer Davis, 29 Paige Trail, Perkasie PA 18944.

Commitment Information

Sola Gratia Musicians Membership Guidelines (available on the website) contain vital information essential for a successful choral semester. Before registering, it is necessary to read the Guidelines and determine your willingness to abide by them. A few policies are emphasized below:

- **Sola Gratia Musicians is a one semester commitment.** Weekly rehearsal attendance must be a priority, and certain rehearsals are mandatory. Mandatory rehearsals include extended timeframes. Each chorister must commit to attend all mandatory rehearsals and concerts:

| AM Mandatory Rehearsals | PM Concerts |
|-------------------------|---------------------------------|
| | March 23, 2022 (small ensemble) |
| March 30, 2022 | April 1, 2022 (early arrival) |
| April 6, 2022 | April 7, 2022 (early arrival) |

- **Should a schedule conflict arise during the semester** with extra-curricular activities (sports, drama, ballet, etc.) or other opportunities (mission trips, youth group events, etc.), choristers agree to keep their commitment to attend mandatory rehearsals and concerts.
- **Cyber charter school students** are welcome in SGM if parents commit to reschedule required testing and any other school district event if it conflicts with mandatory rehearsals or concerts
- **New registrants will complete an audition** (10-15 minutes) on December 29, 2021 via Zoom. They will be contacted via email or phone to schedule an audition time.
- **Modest attire is expected** for all SGM rehearsals and activities. All students should plan for and purchase appropriate concert attire in time for performances. Concert attire specifics are detailed in the Membership Guidelines.
- **Each family will perform a parent service commitment** to be arranged with the administrator.

Commitment Checklist:

- We have read the complete Membership Guidelines (found on the website) and agree to abide by all policies.
- We will schedule an audition after registration is confirmed (new registrants).
- We have recorded all mandatory rehearsals and concerts on our calendar.
- We agree that the chorister(s) in our family will attend all mandatory rehearsals and concerts.
- We understand the dress code and concert attire requirements and are willing to abide by them.
- I (parent) agree to fulfill a parent service commitment.

We have read and agreed to the requirements in the commitment information section.

(Please sign to complete registration.)

(Parent)

(Additional Chorister)

(Chorister)

(Additional Chorister)

(Chorister)

(Additional Chorister)

Consent and Liability Waiver Form

Each participant in a Sola Gratia Musicians, Inc. event must complete this *Consent and Liability Waiver Form* to participate in and attend any and all events, including rehearsals, trips, fund-raising activities, choral exchanges, etc. The form must be signed by a PARENT OR GUARDIAN OF EACH PARTICIPANT.

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

I understand that all events for which this Consent and Liability Waiver Form is being given could include, but is not limited to, the following: rehearsals at Christ Reformed Church at Indian Creek (Telford), choral exchanges in various locations, concerts, and fund-raising and social activities at various locations.

I hereby consent to the participation of my child(ren) in any and all events with Sola Gratia Musicians, Inc. I understand that I have a duty to provide primary accident and medical insurance for my child(ren), and I declare that my child(ren) is (are) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE SOLA GRATIA MUSICIANS, INC., CHORAL DIRECTORS, BOARD OF DIRECTORS, ADMINISTRATORS, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY CHILD(REN)'S PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS, CHRIST REFORMED CHURCH AT INDIAN CREEK, SOLA GRATIA MUSICIANS, INC., CHORAL DIRECTORS, BOARD OF DIRECTORS, ADMINISTRATORS, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY MY CHILD(REN), OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE, OR LOSS SUSTAINED BY MY CHILD(REN) DURING ANY AND ALL SOLA GRATIA MUSICIANS, INC. EVENTS OR TRAVEL TO AND FROM THE SAME.

PUBLICITY RELEASE:

I also give my permission to allow any pictures or videos taken during Sola Gratia Musicians, Inc. events to be used for public relations by Sola Gratia Musicians, Inc.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents and have signed the same as my own act and deed.

Parent or Guardian (Please Print): _____

Signature: _____ Date: _____

Sola Gratia Musicians Medical Release Form

Parents' Names: _____

Parents' Place(s) of Employment: _____

Work Phone: (_____) _____

Enrolled Choristers:

| First Name (and last name, if different) | Does child have any serious health problems or allergies, or take medication? (If yes, please identify) |
|--|---|
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| | |

Emergency Contacts (two besides parents):

| Name & Relationship | Address | Phone (home, cell) |
|---------------------|---------|--------------------|
| | | H: _____ |
| | | C: _____ |
| | | H: _____ |
| | | C: _____ |

May we administer regular first aid including ambulance if deemed appropriate? Yes _____ No _____

Do you authorize hospital or doctor to administer necessary medical treatment? Yes _____ No _____

Sola Gratia Musicians, Inc. does not pay physician fees or medical expenses of students who are injured at music classes or SGM-sponsored activities.

Authorized Signature _____ Date _____
(Parent or Legal Guardian)

Insurance Information:

Company Name: _____ Group Number: _____

Policy Number: _____ Phone Number: _____

Physician Information:

Primary Care Provider: _____ Phone Number: _____