



Lexington  
Singers  
Children's  
Choir

## Lexington Singers Children's Choir

### Agreement form

As the parent/guardian of \_\_\_\_\_, I hereby agree to the following terms of membership in The Lexington Singers Children's Choir (LSCC):

1. I agree to pay the \$120 fee due by the first or second rehearsal of each semester.
2. I will escort my child to the rehearsal room on time for each rehearsal, making sure that the director knows that he/she is present.
3. I will pick up my child in a timely fashion (within 10 minutes of the end of the rehearsal) and make sure that the director knows that he/she is leaving.
4. If I am unable to bring or pick up my child, the people listed below have my permission to do so in my absence. They understand the safety requirements and will identify themselves to the director.
5. I understand that all rehearsals are required and not schedule doctors appointments or other conflicts within the LSCC timetable.
6. If my child is ill and unable to attend, I will call 257-8202 before the rehearsal or e-mail Dr Hetzel at [lhetzl@uky.edu](mailto:lhetzl@uky.edu) by 3 pm to inform the director.
7. I understand that more than three unexcused absences may result in my child's dismissal with a pro-rated refund of the fee collected up to the middle of the semester. After that time, no refunds will be made.
8. I understand that this is an educational opportunity and that my child will act responsibly. Repeated discipline problems could result in dismissal from the group.
9. I agree to assist by attending one rehearsal per year myself to help the director with management efforts.
10. I understand that for any performance, my child is to be there ½ hour before it begins and is to stay for the entire performance. Each performing student will receive one (1) complimentary ticket for their admittance. Parents, family and other siblings will need to purchase tickets at the regular prices.
11. I understand that I will be responsible for some parts of costumes for performances.
12. I give my permission for videotapes/photographs to be made of my child.
13. I may be asked to serve on one of the committees which will be announced.

Child's name : \_\_\_\_\_

Parent's/Guardian's name : \_\_\_\_\_

Address : \_\_\_\_\_ zip code : \_\_\_\_\_

Phones: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Person who will bring and pick up : \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Others permitted to bring and pick up :

Name : \_\_\_\_\_ Emergency phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's/Guardian's signature : \_\_\_\_\_ date : \_\_\_\_\_