



American Music, American Sound.

YOUNG SANDLAPPER SINGERS REGISTRATION FORM

20__ - 20__

All forms and payments are due by two weeks prior the beginning of the session to complete registration

The Young Sandlapper Singers is an educational program of the Sandlapper Singers

And supported by the Lipscomb Family Foundation

Student's **FULL** Name _____ Name Student goes by _____

Birth Date (mm/dd/yy) _____ Age/Grade as of _____

Address _____ City/State/Zip
home/ work/ cell _____

Phone Number (**with name designation**) _____ home/ work/ cell _____

Additional Phone Number (**with name designation**) _____ home/ work/ cell _____

Additional/ Emergency Phone Number (**with name designation**) _____ home/ work/ cell _____

Additional/ Emergency Phone Number (**with name designation**) _____

County of Residence _____ Student's School as of _____

E-mail address(es) (If you check your email!) _____

Name of Parent(s) student lives with _____

Health Information

Serious allergies or pertinent medical conditions _____

Routine medications student is currently taking _____

___ I do ___ I do not give the Young Sandlapper Singers staff permission to dispense Advil/Tylenol/Pepto Bismol during rehearsals and/or performances.

In the event that I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital and the Young Sandlapper Singers and the Sandlapper Singers, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

I give authorization for my child's image to be used (not their name) in advertising by the Young Sandlapper Singers or the Sandlapper Singers _____ signed by Parent or Guardian.

See web site: www.Sandlappersingers.org For an audition which is required for membership.

Mail this form with **YOUR \$160 CHECK for 16 weeks of rehearsals TO:**

YOUNG SANDLAPPER SINGERS, PO BOX 50261, COLUMBIA, SC 29250