Dear Lansing Area Families,

The MSU Community Music School Children and Youth Choir Program is offering an Elementary School Honor Choir on Saturday, March 14, 2015 in the newly renovated Fairchild Theatre at Michigan State University. This opportunity is open to any student in the greater Lansing area schools currently in grades 3-6. The honor choir will meet in the morning, receive music, sing, learn, and have fun. After lunch, the students will perform the songs they have learned for family and friends. This concert will highlight the CMS choir, Cantabile and CMS Singers, and of course, the Elementary School Honor Choir. This is a wonderful opportunity for students to sing some wonderful music and meet other students that like to sing too!

Here is a tentative schedule for Saturday March 14:

8:30-9:00 am Registration (Fairchild Theater)
9:00-11:30 am Singing, Learning, Fun
11:30 am-12:30 pm Lunch at Snyder-Phillips Hall
12:45-1:45 pm Dress Rehearsal
2:00 pm Concert for Family and Friends- Free Admission

The cost to participate in the MSU Community Music School Elementary Honor Choir is $35.00 (checks can be made payable to “MSU”), which includes music, a t-shirt, and lunch. The deadline to sign-up is Friday February 13. Please share this information with any singers that might be interested in this fun opportunity.

If you have any questions, please e-mail Kyle Zeuch at zeuchkyl@msu.edu. I look forward to making music with your talented young people.

Sincerely,

Kyle Zeuch
Director of Children and Youth Choirs
Community Music School
Michigan State University
Singer Name__________________________________________________________

Parent/Guardian Name(s)__________________________________________________

Phone Number(s)__________________________ ____________________________

E-mail(s)______________________________________________________________

Singer Grade (3-6)__________ School________________________________________

Music Teacher__________________________________________________________

Other Musical Experience________________________________________________

Shirt Size (please circle) Kids S M L Adult S M L XL

Food Allergies___________________________________________________________

Medical Conditions_____________________________________________________

I wish to receive more information about the CMS Choirs. YES NO

Students will receive music when they arrive on March 14. The dress for the
day is jeans and a comfortable shirt. We will distribute shirts after lunch.
Students will wear the Honor Choir Shirts and jeans for the concert.

Please submit $35.00 payment, medical release, and this form by Friday, February 13,
2015. Order forms can be dropped off at CMS or mailed to:

MSU Community Music School
Attn: Kyle Zeuch
4930 S Hagadorn Rd.
East Lansing, MI 48823

Checks can be made payable to “MSU”

Questions? Please contact CMS (517) 355-7661 or e-mail zeuchkyl@msu.edu
MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: ________________________________
Date: ________________________________
County: ______________________________

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU CMS are sometimes photographed and videotaped for use in MSU CMS promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) ________________________________

Signature ________________________________
(Parent or guardian must sign here if subject is under age 18.)

Date ________________________________

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full name ________________________________
Birth date ________________________________ Phone (_______)
Mailing address ________________________________

Primary care physician's name ________________________________
Physician's address ________________________________
Physician's phone (_______)

HEALTH INSURANCE INFORMATION:
Policy holder's name and relationship to participant ________________________________
Policy holder's address ________________________________

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:
Insurance company name and address ________________________________
Insurance company phone number (_______)
All policy numbers (please identify) ________________________________

If you have HMO insurance, please list emergency treatment authorization phone number (_______)
Employer's name and address ________________________________

INFORMATION NEEDED ABOUT PARTICIPANT:
Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No
☒☒ Does the participant have any chronic health problem or illness? ________________________________
☒☒ Does he or she have any acute illness now? ________________________________

☒☒ Has the person been treated recently for some medical problem? ________________________________
☒☒ List any medications he or she is now taking for treatment of any medical problem. ________________________________

☒☒ Does the participant have any allergies to medication or local anesthetics? ________________________________
☒☒ Does he or she have any allergies? ________________________________

☒☒ Date of his or her last tetanus shot: ________________________________

OFFICIAL AUTHORIZATION FOLLOWS:
I (parent or legal guardian), ________________________________ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CMS staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature ________________________________ Date ________________________________
Daytime phone (_______) ________________________________
Evening phone (_______) ________________________________

http://web2.canr.msu.edu/4hwkreg/regform_english.pdf