



THE CHILDREN'S CHORUS  
— of San Antonio —

September 3, 2013

Dear Principals and Music Teachers:

We invite you to partner with us in offering a unique musical experience to your students who love to sing. **PROJECT: Sing! Harlandale** is a collaboration between the Harlandale area schools and The Children's Chorus of San Antonio (CCSA). All rehearsals and concerts are offered tuition-free to youngsters in your neighborhood – no prior experience is necessary!

**When:** Rehearsals: Tuesdays, 4:30 – 5:30 p.m., September 24<sup>th</sup> – December 3<sup>rd</sup> (no rehearsal on Nov. 26<sup>th</sup>)

**Where:** Harlandale Middle School Band Hall

**Performances:** Tuesday, November 19<sup>th</sup>, 6:30 p.m.  
Mission Branch Public Library, 3134 Roosevelt Ave.

Tuesday, December 10<sup>th</sup>, 4:30 – 5:30 p.m.  
Community Caroling

Members of **PROJECT: Sing!** will:

- Participate in rehearsals similar to regular CCSA rehearsals with literature of the highest quality
- Receive a **PROJECT: Sing!** T-shirt, which will be worn at concerts
- Learn about commitment, personal responsibility, priorities and teamwork
- **Receive free tuition for the program!**

Members of **PROJECT: Sing!** are:

- Boys and girls in grades 3-6
- Treble singers with unchanged voices
- Recommended by their principals and teachers
- Students who enjoy singing, concentrate well and have good listening skills

We sincerely hope that you will be able to recommend 7 – 10 students for **PROJECT: Sing! Harlandale**. A staff member from your school is invited to assist with rehearsals.

Enclosed are 5 sets of forms for new applicants, please duplicate additional forms as needed. Application packets **MUST** be faxed, mailed, or delivered to the CCSA office by September 20, 2013.

You are invited to observe the rehearsals at any time and we are looking forward to having you as a special guest at our concerts. **PROJECT: Sing!** has been, and will continue to be, an exciting adventure for all of us. Please contact our office at (210) 826-3447 or send a fax to (210) 826-8241 if you have any questions. We thank you for your support.

Sincerely,

*Marguerite McCormick Rebecca Morgan Margaret Villanueva*

Marguerite McCormick  
Founder and Artistic Director

Rebecca Morgan  
Assistant Director

Margaret Villanueva  
Carroll Bell Elementary Music Teacher  
Assistant to Director



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**What:** **PROJECT: Sing! Harlandale**

**When:** Rehearsals: Tuesdays, 4:30 – 5:30 p.m.  
September 24<sup>th</sup> – December 3<sup>rd</sup> (no rehearsal on Nov. 26<sup>th</sup>)

**Where:** Harlandale Middle School Band Hall

**Performances:** November 19, 2013  
Mission Branch San Antonio Public Library  
December 10, 2013  
Christmas Caroling

**Personnel:** Rebecca Morgan, Assistant Director  
Margaret Villanueva, Assistant to Director  
Geoffrey Waite, Accompanist

Members of **PROJECT: Sing!** will:

- Participate in rehearsals similar to regular CCSA rehearsals
- Receive a **PROJECT: Sing!** T-shirt, which will be worn at concerts.
- Learn about commitment, personal responsibility, setting priorities and teamwork.
- **Receive free tuition for the program!**

Members of **PROJECT: Sing!** are

- Boys and girls in grades 3-6.
- Treble singers with unchanged voices.
- Recommended and supported by their principals, teachers, and parents.
- Students who enjoy singing, concentrate well, and have good listening skills.
- Able to attend every rehearsal and the final concert.

If your child would like to participate in this opportunity, please request a registration packet from your school's music teacher or call The Children's Chorus of San Antonio office at 210-826-3447. Registration packets must be completed and returned to CCSA office by September 20, 2013.





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**Fall 2013 COMMITMENT FORM**

Having been recommended to participate in **PROJECT: Sing! Harlandale**, sponsored by The Children's Chorus of San Antonio, \_\_\_\_\_ agrees to attend

(SINGER'S NAME)

- Rehearsals – Tuesdays, 4:30-5:30 pm, September 24<sup>th</sup> – November 12<sup>th</sup> Harlandale MS.
- Rehearsal – Tuesday, November 19<sup>th</sup>, 4:30 - 6:30 pm, Mission Branch Public Library
- Performance – Tuesday, November 19<sup>th</sup>, 6:30 pm Mission Branch Public Library

This commitment offers the singer the development of musical artistry and excellence. It provides a foundation of pride in performance and long-lasting friendships. These goals will be realized through consistent attendance and participation.

\_\_\_\_\_  
Singer signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

**Please provide t-shirt size for Singer: (circle one size)**

**Youth Medium (10- 12)      Youth Large (14-16)**

**Adult Small**

**Adult Medium**

**Adult Large**

**Adult XL**



**Please return to the CCSA office or your child's music teacher  
no later than September 20, 2013.**



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**Media Waiver - PROJECT: Sing! Harlandale**

I hereby authorize and grant permission to The Children's Chorus of San Antonio (CCSA) and any of its authorized agents to use the photographic image of my child for any electronic or non-electronic form or media. I agree that this image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia, and/or exhibition purposes, in any manner, in perpetuity. I understand and agree that I (or my child) have no rights to any benefits derived from any such image and that this agreement is in full force and effect for the duration of my child's membership with CCSA.

I expressly release and forever discharge The Children's Chorus of San Antonio and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of, the use of my child's photographic image. I have read this release before signing below, and I fully understand the contents, meanings and impact of this release and waiver.

Child's Name (please print): \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please return to the CCSA office or your child's music teacher  
no later than September 20 , 2013.**



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## Health Information Form | Project: Sing!

2013 – 2014 Season

Child's Name: \_\_\_\_\_ School and Grade: \_\_\_\_\_

Name(s) of Parent(s) / Guardian(s): \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother Mobile: \_\_\_\_\_ Father Mobile: \_\_\_\_\_

### Emergency Contact Information

Name, phone number and relationship of person to contact in case of an emergency (in the event a parent/guardian cannot be reached):

\_\_\_\_\_

Name of insurance carrier, subscriber name, group and policy number, phone number:

\_\_\_\_\_

Name of Child's Primary Care Physician and Phone Number:

\_\_\_\_\_

Please check if your child has had or presently has any of the following:

☐ ADD/ADHD

☐ Asthma

☐ Behavioral Issue(s)

☐ Blood Disorders

☐ Cardiac Conditions

☐ Diabetes

➔ Please list:

☐ Dyslexia

☐ Ear Infections

☐ Emotional Issue(s)

☐ Epilepsy/Seizures

☐ Headaches

☐ Other: \_\_\_\_\_

☐ Hearing Problems

☐ Kidney Problems

☐ Liver Disorders

☐ Physical Handicap(s)

☐ Vision Problems

### Allergies:

☐ Drugs

☐ Food

☐ Insect

☐ Other (list below): \_\_\_\_\_

Current Medications and other Relevant Medical History: \_\_\_\_\_

\_\_\_\_\_

On the back of this sheet, please provide any information about your child which will enable a health care worker or chaperone to make your child's experience comfortable. Include food preferences, fears, and/or any psychological factors which may be significant.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Health Information Forms will be transported to rehearsals, concerts, retreats and on tours by a staff member or a designated licensed health care worker. These individuals will access health information as needed to promote singer health and to provide urgent or emergency care. Singer chaperones will be informed of specific singer needs on a case-by-case basis when necessary to protect the health of the singer or other persons.**

**Please return this form to the CCSA office or your child's music teacher by September 20, 2013.**



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## Parental Authorization Form for Emergency Medical Treatment

### Consent for Emergency Medical Treatment of Minor Child

In case of emergency involving my child, I understand every effort will be made to contact me. In the event that I cannot be contacted by reasonable efforts, I, \_\_\_\_\_ (**print name of parent or guardian**), hereby authorize any staff member or chaperone of The Children's Chorus of San Antonio, to give consent for emergency medical treatment of my child, \_\_\_\_\_ (**print name of child**), on the advice of any emergency response or medical personnel in the event of illness or injury. This authorization shall remain in effect during my child's participation in the activities of The Children's Chorus of San Antonio.

### Permission to Treat in Event of Illness or Injury

I hereby grant permission to all emergency response personnel, physicians, nurses, and hospitals and their authorized employees to render emergency medical care deemed necessary for my child in the event of illness or injury during my child's participation in the activities of The Children's Chorus of San Antonio. I desire notification as soon as reasonably possible at my telephone number(s) left for emergencies with The Children's Chorus of San Antonio, or by any other appropriate means, of any such emergency or other circumstances likely to have an adverse effect upon my child's health, including notification of any emergency treatment.

**I understand that The Children's Chorus of San Antonio and its agents, servants and/or employees and chaperones accept no financial or legal liability related to any emergency medical treatment rendered on behalf of my child. I understand that I am responsible for total charges in consideration for medical services rendered and I will be billed as necessary for any medical expenses incurred on behalf of my child, regardless of whether I have authorized such expenses.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2013

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Signature of Parent/Guardian

Please return this form to the CCSA office or your child's music teacher by September 20, 2013.