



CAPELLA REGALIS MEN AND BOYS CHOIR

6036 Coburg Road, Halifax, Nova Scotia B3H 1Y9 www.capellaregalis.com

CHORISTER REGISTRATION FORM 2021–22

Please PRINT information clearly.

Return form with the chorister to his first rehearsal, or email form to: vhalley@capellaregalis.com.

Name of chorister: _____
Surname First name Middle Name/Initial

Age: _____ Date of birth (month/day/year): _____

Chorister's email (if different from parents): _____

Grade (Sept. 2021): _____ School: _____

Parent/Guardian information:

	Parent/Guardian		Parent/Guardian	
Surname				
First Name				
Street Address				
City				
Province				
Postal Code				
Phone (Home & Office)	Home	Office	Home	Office
Phone (Cell)				
Email <i>(please print clearly)</i>				
Occupation				
Chorister lives with <i>(please check)</i>				

[CONT. on following pages: four pages total]

Emergency contact (in the event a parent/guardian cannot be reached):

1. Name: _____ Relationship: _____

Phone (home): _____ Phone (office): _____ Phone (cell): _____

For all choristers:

How did you first hear about Capella Regalis? Please explain:

DONATIONS:

Capella Regalis is a program free to all boys who are accepted following an audition. There are no required dues. We do, however, encourage tax-deductible donations from families who are able to contribute. Our program is possible only with help from individual donors. Donations support all of our programming, including weekly rehearsals for Probationers, Senior Choir, and Young Men; Evensong services, frequent concerts and other events; supplies for the choristers including folders, music, and robes; promotion and publicity costs; and so on.

For the Senior Choir we suggest \$200 per semester per chorister, and for the **Probationers** and **Young Men** we suggest \$100 per semester per chorister, but these are suggestions only. (There are additional suggested donations for major activities such as camps and tours.) You will receive a tax receipt for your donation. We appreciate your first donation being returned with your registration form if possible.

Donations may be also made in any one of the following ways:

- Cheque payable to Musique Royale, with 'Capella Regalis' in the memo line, and returned in person, or alternatively mailed to the attention of Vanessa Halley / Capella Regalis at 6036 Coburg Road, Halifax NS B3H 1Y9
- E-transfer: Visit www.capellaregalis.com/contribute for e-transfer instructions.
- Credit card online: Visit www.capellaregalis.com/contribute to pay by credit card.

COVID-19 PREVENTION PLAN ACKNOWLEDGEMENT:

I, the parent/guardian of the above-named chorister, acknowledge that I have received a copy of the Capella Regalis Covid-19 Prevention Plan ("the Plan"). I have read and understand the contents of the Plan, and I have reviewed the contents of the Plan with my chorister. My chorister understands that he must act in accordance with the Plan as a condition of his participation in *Capella Regalis*.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

COVID-19 VACCINATION DISCLOSURE (check the box that applies):

My chorister is age 12 or older and I have attached to this form proof of his full dose of approved Covid-19 vaccine, including date of the second dose.

My chorister is age 11 or younger. *If you are willing to share information about Covid-19 vaccination status, it helps us to understand vaccination rates within our group:*

TRANSPORTATION PROGRAM:

Capella Regalis helps to set up chorister carpools to/from regular rehearsals and other events, and volunteer-driven rides for choristers from school to rehearsal and from rehearsal home for regular rehearsals in the following circumstances: 1) The chorister has no other transportation option and would not be able to participate in *Capella Regalis* without transportation assistance; and 2) the chorister resides in an area of HRM that our volunteer drivers are able to fit into their schedule. We have provided for a continued Transportation Program in our Covid-19 Prevention Plan. Please review the Plan and let us know if you are requesting transportation assistance for regular rehearsals, as follows (check only one):

My chorister will need transportation assistance

Tuesdays only;

Fridays only;

every Tuesday and Friday; or

on the following Tuesdays/Fridays: _____

If you are requesting transportation assistance, please review and sign the following waiver:

I, the parent/guardian of the above-named chorister, understand that my chorister's participation in *Capella Regalis* and in the *Capella Regalis* transportation program are completely voluntary. I acknowledge that my chorister may be exposed to risks and dangers, including but not limited to those risks inherent in riding as a passenger in any vehicle. I understand that transportation will be provided by other parents and volunteers, who are kindly volunteering their time and their vehicles to help *Capella Regalis* and its choristers. I understand that such individuals' ability to monitor my chorister's behavior and activities during such transportation is limited and considerable trust is placed in my chorister's willingness to comply with all customary rules and conditions for participation in the transportation program, including wearing a seatbelt and exhibiting good behavior. *Capella Regalis* reserves the right to remove any chorister from the transportation program at any time upon 24 hours' notice for any reason, including but not limited to poor behavior of the chorister, inconsistency of chorister's attendance, or unavailability of drivers.

In consideration of *Capella Regalis* providing my child/ward with free transportation to and from rehearsals, I, on behalf of myself and my child/ward, including all heirs and assigns, hereby agree to release, waive, discharge, hold harmless, and indemnify the *Capella Regalis* Men and Boys Choir Society, its directors, officers, employees, staff, volunteers, agents, and representatives, from and against any and all claims, actions, losses, costs, damages and/or expenses of any nature, including all attorneys' fees and costs, which arise by or in connection with my child's/ward's participation in the *Capella Regalis* transportation program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

If you are not requesting regular transportation assistance, please describe how the chorister will return home from rehearsals, generally (e.g., walk home, pick up by parent, public transport):

CAPELLA REGALIS PUBLICATIONS/ADVERTISING CONSENT:

Capella Regalis maintains a website (www.capellaregalis.com) and develops other recruiting, fundraising, publicity, advertising, and archival materials, including photographs and audio and video recordings, for distribution and publication. We aim to comply with all applicable privacy rules and regulations while at the same time providing our community and supporters with information about the activities and accomplishments of our organization. We would therefore like your permission to use photographs, audio recordings, and videos that include your child in any of the above-mentioned ways. Please note that last names will not be used for these purposes without your specific permission.

_____ Yes, I grant permission to *Capella Regalis* to use, adapt, edit, reproduce, distribute and publicly perform, in any way that *Capella Regalis* shall in its sole discretion determine and in any form or medium now known or later developed, all or part of the photograph, videotape or audiotape material that *Capella Regalis*, either directly or through its agents, records of my child/ward. I release *Capella Regalis* and its directors, officers, employees, staff, volunteers, agents, and representatives from and against any and all claims that I or my child/ward may have in connection with such use, distribution, or publication of such materials.

_____ No, I do not grant permission to *Capella Regalis* to use, adapt, edit, reproduce, distribute and publicly perform any photograph, videotape or audiotape materials that *Capella Regalis* records of my child/ward.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

[END]