



## ARA Chorus Registration Form

Chorus Member: (Please Print)

Name:

First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Would you like to sing a part other than melody? \_\_\_\_\_

If so, what vocal part do you prefer? \_\_\_\_\_

Emergency Information:

Allergies/Medical Conditions \_\_\_\_\_

Special Medication: (Epi pen, etc.) \_\_\_\_\_

Please list one emergency contact person:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

Are you a Caregiver/Care Partner? \_\_\_\_\_

If so, which chorus member is the recipient of your care? \_\_\_\_\_

Please complete one form per participant. Return to Ann Farris, [afarris@alzalaska.org](mailto:afarris@alzalaska.org) or mail c/o Alzheimer's Resource of Alaska, 1750 Abbott Road, Anchorage, AK 99507; or fax to

561-3315.



## ARA Chorus Media Release

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Name: \_\_\_\_\_ (Signature)

Name: \_\_\_\_\_ (printed)

Date: \_\_\_\_\_

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

\_\_\_\_\_