



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 or mail c/o Alzheimer's Resource of Alaska, 1750 Abbott Road, Anchorage, AK 99507; or fax to

561-3315.



ARA Chorus Media Release

I give Alzheimer's Resource of Alaska permission to publish in print, electronic or video format my likeness or image, in any medium now known or hereafter developed, but only in connection with activities and promotion of Alzheimer's Resource of Alaska. I release all claims against Alzheimer's Resource of Alaska with respect to copyright ownership and publication, including any claim for compensation related to the use of the materials.

Name: _____ (Signature)

Name: _____ (printed)

Date: _____

Address: _____
