

# 2024-2025 Dubuque Chorale Children's Choirs Member/Parent Contract

## **Attendance/Code of Conduct**

I have read and understand the Attendance Policy and Code of Conduct as outlined in the Handbook.

## **Publicity**

I understand that the Dubuque Chorale may use my name and/or photos in print or on its website and may authorize others to do so for purposes of communication or publicity. Photos and any postings placed on the Dubuque Chorale and/or Dubuque Chorale Children's Choirs social media sites, will not identify individuals by name. If I choose NOT to release my child's name and likeness for these purposes, I will provide a written statement indicating my wishes by **September 23, 2024**.

## **Music/Concert Dress**

I understand that I am responsible for the music I am given. All music must be turned in, at the time the director calls, in good condition or I am responsible for a \$15 fine. I understand I am responsible for providing proper concert dress and am to show up to concerts in said attire.

## **Release of Information**

I understand that my child's and my contact information may be released within the DCCC membership to volunteer parent leaders for the purposes of contact specific to the program, its events, and carpooling. I also understand that, if given this contact information, I am not allowed to share it outside of the children's choir membership or use it for personal contact purposes. If I choose NOT to release my name and contact information for these purposes, I will send a written statement indicating my wishes by **September 23, 2024**.

## **Medical Release**

If there is any need to seek emergency medical treatment for my child during rehearsals or performances, I understand that every attempt will be made to reach me to obtain verbal authorization for the emergency facility to provide diagnosis and/or treatment for my child. However, if I cannot be reached, I authorize Dubuque Chorale Children's Choirs staff/volunteers to obtain any emergency medical treatment necessary for my child.

**Please list below any medical, academic, or behavioral concerns that would help your child be successful at rehearsals and concerts.**

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## **Consent**

I, \_\_\_\_\_ (Member Name), have read the Dubuque Chorale Children's Choirs Handbook and the statements in this contract and agree to accept each policy as a condition of my membership in the Dubuque Chorale Children's Choir. I understand that if I fail to meet any of the above policies, I may be dismissed from the program.

\_\_\_\_\_  
Participating Member Signature

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_