

The Prelude Children's Chorus

Sponsored by Durham Recreation
For grades 3-4

Fee \$100.00 per student

Place: Korn School Starting January 12th

Program will meet Tuesday after school until 5:15

No class the first Tuesday of each month.

Instructor Mr. Robison

Tigerrobison123@yahoo.com Recreation# 860-349-6724

Make check out to Durham Recreation

Mail to: Durham Recreation, P.O. Box 428, Durham Ct. 06422



Tuesdays After School

The purpose of the Prelude Children's Chorus is to provide an after-school singing opportunity for students in grades three and four in Durham and Middlefield. While the singing repertoire is advanced, auditions are not being held at this time.

The Prelude Children's is designed to meet the needs of students who love to sing and who wish to sing a greater variety of songs. Long-term goals of the chorus include special songs during normal concerts, singing for organizations in the community, and possibly competition singing at the state level.

The spring semester of the Prelude Children's Chorus will begin on the second Tuesday of school in January in the music room of Korn School. The chorus will meet each Tuesday until the last Tuesday of school. The chorus will not meet on the first Tuesday of every month due to Mr. Robison's faculty meetings. The chorus will not meet if Korn School is closed or dismissed early because of inclement weather. It will meet on days with delayed openings. Rehearsals are after school until 5:15 pm.

Please join us on Tuesdays for afternoons filled with music.

Sincerely,

Mr. Robison

Student's Name _____ Grade _____ Check# _____

Phone _____ Cell# _____ E-Mail _____

Medical Conditions _____

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of Durham, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). **Parent Signature** _____

Date _____

