

# Holy Spirit Children's Music Ministry

Holy Spirit Catholic Church \* 2015–2016 Season

- Spirited Singers (grades K-2) and • Children's Choir (grades 3-8)

## 2015–2016 REGISTRATION FORM

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade in 2015–2016: \_\_\_\_\_

Plays an Instrument? \_\_\_\_\_ Which? \_\_\_\_\_

Describe previous choral or other musical experience, if any: \_\_\_\_\_

Allergies / Health Issues / Special Needs? \_\_\_\_\_

**Registering more than one child?** *Additional children from the same family may be registered on the second page (or back side) of this form.*

Parent's Name (s): \_\_\_\_\_ Parish: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home City & ZIP: \_\_\_\_\_

Home Phone: \_\_\_-\_\_\_-\_\_\_ Mother's Cell: \_\_\_-\_\_\_-\_\_\_ Father's Cell: \_\_\_-\_\_\_-\_\_\_

Mother's E-mail: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

How often do you check email? (*check one*)  constantly  hourly  every few hours  daily  weekly

After rehearsals, my child(ren) will: (*check one*)  go to: \_\_\_\_\_

be picked up by: \_\_\_\_\_ Cell Phone: \_\_\_-\_\_\_-\_\_\_

Our children's choir program depends on parental support! Please check all the ways you are potentially able to volunteer:

Rehearsal assistant: Wednesday 4:00 to 5:15 pm.

Hospitality for special choir events

Music sorting/copying/filing/folder stuffing  Phone calls

Chorister supervision on Mass or performance days (*usually one hour prior*)

Other: \_\_\_\_\_

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**General Permission:** I hereby give permission for my child(ren), listed on front and/or back of this form, to participate in the Children's Choir, September 2015 — May 2016.

**Liability Release:** I hereby release and indemnify Holy Spirit Church, its staff, volunteers, and the Archdiocese from any and all liability arising from claims of any kind whatsoever from my child's participation in this activity. I understand that my child(ren) is (are) responsible for observing certain regulations and behavioral expectations while taking part in this activity.

**Photo/Video Release:** I give permission for my child(ren) to be included in photographs and/or video taken during the choir season and shared publicly afterward.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency contact person if parents cannot be reached:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Home Phone:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_ - \_\_\_ - \_\_\_\_\_