

# Children's Choir Registration 2019



name of singer/s and grade \_\_\_\_\_

Choir Fee per semester: \$40 members \$60 non-members

Semester I (Sept - Dec)	Semester II (Jan - May)	Total paid	Date

## Family Info:

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person other than parent authorized to pick-up child(ren)/emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any food allergies your child has

Successful participation in choir required regular attendance and commitment. Please inform the director if you will not be able to attend rehearsal or sing during a Sunday worship service as soon as possible. Singers who will be out of town during Spring or Christmas Musical may still participate in choir during the semester but need to inform the director of their plans in the beginning of the season. Singers who are consistently absent or tardy will not be allowed to participate in performances. Singers who are selected for special acting, singing or speaking parts must attend all special parts rehearsals.

Please circle an area you would be able to help: Costumes Administrative  
Sunday Supervision Sets/Props Robe maintenance Rehearsal help

I have read the above and understand choir attendance expectations.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

**Medical/Dental Emergency Treatment**

If the stated minor(s) is/are in an emergency situation, and I or my emergency contact cannot be reached on the Church site or by phone in a timely manner, I hereby authorize as my agent, under the provisions of California Civil Code Section 25.8, or any successor provision, any teacher, volunteer, adult advisor, or employee of Point Loma Community Presbyterian Church, to consent to an xray exam, anesthetic, medical or surgical diagnosis or treatment or hospital care to be rendered to the minor(s) under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an xray exam, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to the minor(s) by a dentist licensed under the provisions of the Dental Practice Act.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others. I agree to indemnify and hold harmless the Point Loma Community Presbyterian Church and its affiliates, employees, independent contractors volunteers, teachers, and other agents from any claims I may make for personal injuries or death of such minor(s) and from the claims of third parties whose injury or death of such minor(s) have contributed to or caused as a result of such minor(s)' failure to disclose any such information. I represent and warrant that I have provided all material and important information to the Church pertaining to such minor(s)' medical, mental and physical conditions, in view of such minor(s)' participation. I further represent and warrant that this information is complete and accurate.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent for Participation**

As parent or legal guardian of the minor child(ren) listed herein, I hereby authorize and consent to the participation of such minor(s) in the events or activities organized or sponsored by, and attended by, adult advisor(s) of the Point Loma Community Presbyterian church Children's Ministries Programs. It is specifically understood that this consent and authorization relates and extends activities held at the church. I hereby release and waive all claims actions, and causes of actions which I, as parent or guardian of such minor(s), might otherwise have against the Church, any member of the Church staff, volunteers, advisors or other persons helping or participation that may arise out of or from any physical, emotional or mental illness, injury or death while participating in a Church event or activity not caused by the negligence or willful act of such party.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Publicity**

I understand that television and radio stations, newspapers and other media sources may contact and visit the Church. I grant permission for my child(ren) to be photographed and/or interviewed by such media, and I grant permission for such interviews and/or photographs to be distributed or broadcast to the general public. In addition, I grant permission for photographs of my child(ren) to be used in any brochures and informative publications or church operated websites describing the Church which may be distributed to the public. This pertains to video recordings also. All attempts will be made to notify parents in advance.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_