

**BLESSED SACRAMENT PARISH 2019-2020**  
**CHILDREN'S CHOIR REGISTRATION FORM**

***Please complete all 3 pages.***  
***Please note any information that has changed since last year with a check mark.***

**FEES:** \$10.00 per student will cover the cost of the Voice for Life workbook.

Family Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Pager Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mothers  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Father's

Work Phone Number/s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother's Father's

E-Mail: \_\_\_\_\_

**Please print clearly**

**Registered in the Parish?** ( ) YES ( ) NO

**STATEMENT OF COMMITMENT (Please read carefully)**

I/WE DESIRE THAT OUR CHILD/REN PARTICIPATE FULLY IN THE BLESSED SACRAMENT PARISH CHILDREN'S CHOIR PROGRAM. I/WE WILL ASSUME OUR RESPONSIBILITIES AS PARENTS/GUARDIANS TO ATTEND MASS REGULARLY WITH OUR CHILD/REN AND TO MAKE CERTAIN THAT OUR CHILD/REN ATTEND EACH REHEARSAL. I/WE WILL NOTIFY THE OFFICE IF OUR CHILD/REN WILL BE ABSENT. I/WE WILL DO OUR PART AS MEMBERS OF THE SUPPORT TEAM FOR OUR CHILD/REN'S REHEARSALS AND SERVICES. WE'RE ALSO COMMITTED TO MAKING THE CATHOLIC FAITH PART OF THE DAILY LIFE AND DECISION-MAKING OF OUR FAMILY.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Parent/Guardian Parent/Guardian

**I/WE MAY BE AVAILABLE TO HELP WITH ONE OR MORE ACTIVITIES OR EVENTS:** ( ) YES ( ) NO

**I/WE WOULD LIKE TO LEARN ABOUT BEING A CHAPERONE:** ( ) YES ( ) NO

**DAY TO CHAPERONE:** \_\_\_\_\_

**PLEASE COMPLETE ALL 3 PAGES.**

NAMES MUST APPEAR AT THE TOP OF THIS PAGE FOR FILING PURPOSES: Family name: \_\_\_\_\_

## **STUDENT INFORMATION**

**Please identify the correct registration for students based on grade level.  
Rehearsals are from 3:00PM-4PM in the Blee Center Music Room, and student pick up  
is conducted in front of the Blee Center.**

❖ Child's Full Name : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Place in the Following Group/Grade (Check One):  
( ) 4<sup>th</sup> Grade (Wednesday Rehearsal)  
( ) 5-6 Grades (Monday Rehearsal)  
( ) 7-8 Grades (Tuesday Rehearsal)

List any health problems, disabilities, allergies, or medications: \_\_\_\_\_

❖ Child's Full Name : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Place in the Following Group/Grade (Check One):  
( ) 4<sup>th</sup> Grade (Wednesday Rehearsal)  
( ) 5-6 Grades (Monday Rehearsal)  
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List any health problems, disabilities, allergies, or medications: \_\_\_\_\_

❖ Child's Full Name : \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Place in the Following Group/Grade (Check One):  
( ) 4<sup>th</sup> Grade (Wednesday Rehearsal)  
( ) 5-6 Grades (Monday Rehearsal)  
( ) 7-8 Grades (Tuesday Rehearsal)

List any health problems, disabilities, allergies, or medications: \_\_\_\_\_

## **PHOTO RELEASE FORM**

**(A) I give my permission** and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during Children's Choir. I further give my permission and consent for any such photographs, videotapes, likeness of image or interviews to be published and used to illustrate, promote or advertise our Children's Choir.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(DO NOT COMPLETE PART B IF YOU COMPLETED PART A)**

**(B) I do not give my permission** and consent for my child/ren to participate in all photographs, videotapes, likeness of image or interviews to be taken during Children's Choir.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE ALL 3 PAGES.**  
**THANKS!**

**EMERGENCY MEDICAL AUTHORIZATION FORM**

Emergency Contact (if parents/guardians cannot be reached): \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**PART 1: TO GRANT CONSENT:**

In the event that reasonable attempts to contact me or the emergency contact person named above have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by  
 Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) or,  
 Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone) or,  
 in the event the designated preferred practitioner is not available, by another licensed  
 physician or dentist; and
- 2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any  
 hospital reasonably accessible.

Medical Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**(DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1)**

**PART 2: REFUSAL TO CONSENT**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take no action:

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

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**AUTHORIZATION FOR CHILD TO WALK HOME FROM PSR**

**SIGN ONLY IF YOU WISH TO GRANT CONSENT:**

I/We grant permission for my/our child/ren to walk home from Children’s Choir. I/We release, hold harmless and discharge forever the Diocese of Covington and their respective officers, directors, employees, agents, volunteers and chaperones from Blessed Sacrament Parish from any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my/our child’s walking home from Children’s Choir.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**THANK YOU FOR COMPLETING ALL 3 PAGES.**

**THANK YOU FOR NOTING ANY NEW INFORMATION WITH A CHECK MARK.**

Please send completed registration to Blessed Sacrament Church,  
c/o Matt Spencer – Music Director, 2409 Dixie Highway, Ft. Mitchell, KY 41017