

Joyful Light Children's Choir (grades 2-4, fee \$30/child or family)

REGISTRATION 2018-2019 (form and fee due Fri, 9/14/18)

St. Michael Catholic Church (Prior Lake)

Chorister Name (first and last) _____

Age _____ Date of Birth _____ Grade _____ School _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Parent cell phone _____

Parent Email _____

REHEARSAL OPTION: Please see separate calendar with detailed listing.

There are two rehearsal options offered each week (select one). Please mark the rehearsal option below you plan to attend the most often:

Wednesday 2:30-3:15PM _____ Thursday 5-5:45PM _____

CHILD'S shirt size:

For previous choir members who already have a shirt, please indicate size below if a new shirt/size is needed.

New choir members, please indicate size below:

6-8 (S) _____ 10-12 (M) _____ 14-16 (L) _____ 18-20 (XL) _____
Adult (sm) _____ Adult (M) _____ Adult (L) _____

CONSENT and INDEMNITY AGREEMENT:

Location: St. Michael Catholic Church, main worship space, choir room, Archangels Hall

Individual(s)/Director(s) in charge: Angie O'Brien, Director of Music

Time of Liturgy: various times throughout the year (see separate schedule)

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify **St. Michael Catholic Church** and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against **St. Michael Catholic Church/Archdiocese of St. Paul Minneapolis** by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

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EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name Phone number

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone number: _____

St. Michael Catholic Church occasionally uses **group** photos of church events and programs in our parish photo directory, in displays, brochures, social media, and on the website to communicate the importance of parish life to our members. Please initial here if you **do not want** group pictures, including your child(ren) used _____

As the Parent of Guardian, I agree to all of the above stated considerations and conditions.

Parent signature **Date**

Fee is \$30 per child **or family**. For example, if you have two (or more) children in choir, the fee is **\$30 for all of them**. Scholarships available to those in need.

Please return form and fee (payable to Church of St. Michael) by Fri, 9/14/18

Angie O'Brien, 16311 Duluth Ave SE, Prior Lake, MN 55372
or you can drop them off at the parish office.

OFFICE USE ONLY: Date paid: _____ Check #: _____ Amt: _____

Other: _____