

**Radiant Light Youth Choir** (grades 5-8, 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 3:30-4:15PM \_\_\_\_\_ Thursday 6-6:45PM \_\_\_\_\_

**CHILD'S shirt size:** *\*\*NOTE: Radiant Light (blue) wears a different shirt than Joyful Light (gold). If your child was in Joyful Light, he/she will need a new shirt for Radiant Light, please indicate size below.*

For previous choir members who already have a Radiant Light (blue) 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 \$30 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: \_\_\_\_\_