

**Consent and Registration Form for
St. Mary of the Assumption Church
and
The Diocese of St. Catharines**

Please accept this registration for *ST. MARY'S YOUTH CHOIR* to be held October 23, 2014 to June 2015.

Participants under age 18 must have their parent/guardian read the following and sign where indicated below.

I/We agree to waive, discharge and release the Parish of St. Mary of the Assumption and the Diocese of St. Catharines, their servants, agents, staff, affiliates and volunteers, from any and all claims or liability for damages or expenses, howsoever caused, whether by negligence or otherwise, arising directly or indirectly from this event.

I/We hereby agree to the terms of the above release. In the case of a minor child: should an emergency arise and I cannot be reached I further authorise the project supervisor to act on my behalf to make decisions pertaining to the health, welfare and safety of my child.

I/We have reviewed and agree to the expectations of participants for this event. I/We understand that any infraction of these will result in immediate dismissal at my/our expense.

Parent/Guardian signature

Date

MEDIA WAIVER

I, the undersigned, do hereby consent to have photographs taken of me/my child for the use in any form of media and/or publicity material produced or printed by St. Mary of the Assumption Parish or the Diocese of St. Catharines and/or other appropriate partners. The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) to be used at the full discretion of the above-mentioned parties. The undersigned release and forever discharges the aforementioned parties and the photographer/ production company against all actions and claims.

Parent/Guardian signature

Date

CONSENT BY PARENT / GUARDIAN

I have read the above Indemnity and Media Waivers and agree to their terms.

Parent/Guardian signature

Date

PLEASE PRINT *Name of Parent/Guardian*

Phone Number

Other than the parent listed above, the following people have my permission to pick up my child after practice and/or after Mass:

- | | | | |
|----|-------------|------------------------------|----------------|
| 1. | <i>Name</i> | <i>Relationship to Child</i> | <i>Phone #</i> |
| 2. | <i>Name</i> | <i>Relationship to Child</i> | <i>Phone #</i> |
| 3. | <i>Name</i> | <i>Relationship to Child</i> | <i>Phone #</i> |

ST. MARY'S YOUTH CHOIR REGISTRATION FORM 2014 - 2015

PLEASE PRINT CLEARLY

Child's Name: _____
First name Surname

Date of Birth: _____ Age _____ Grade _____
month day year

Teacher's Name (if St. Anthony School) _____
(note: St. Anthony School students may be called to sing at designated school Masses and/or functions)

Home Address: _____
Street City Postal Code

Parent's Email: _____

PROCEDURAL INFORMATION

In the event your child needs you during Mass, please indicate where you generally sit (facing the altar):

Left side: ___aisle ___window ___front ___middle ___back

Right side: ___aisle ___window ___front ___middle ___back

Please note that all children will remain **in the choir loft** on Family Mass Sundays until they are dismissed by the choir loft monitors. Parents are asked to remain at the bottom of the choir loft stairs.

On Thursday rehearsal days, **you are asked to be punctual in dropping off and picking up your child.** For security reasons, the church doors will be unlocked **ONLY** from 4:40 to 5:00 pm, and again from 5:50pm. They will be locked during the times of the rehearsal. Parent volunteers are responsible for locking and unlocking the doors.

Medical Information

Health Card # _____

_____ Please check (✓) if child has any food allergies.

If checked, what food(s) is he/she allergic to? _____

_____ Please check (✓) if there are there any medical conditions and/or special needs and/or emergency procedures of which we should be made aware (eg. serious allergies, physical restrictions, medications, etc.)

If checked, explain: _____
