

## SJC Youth Choir Registration

## Please print all information clearly.

| Youth Name                    |                           |                                     |                                |
|-------------------------------|---------------------------|-------------------------------------|--------------------------------|
|                               | First                     | Middle Initial                      | Last                           |
| Nickname, if any Date of Bir  |                           |                                     |                                |
| Age                           | Grade                     | School                              |                                |
| Youth Email                   | @                         | Youth Cell N                        | Number ()                      |
| Home Address                  |                           |                                     |                                |
| Home Phone (                  | )                         | SJC Parisl                          | hioner? Yes No                 |
| Allergies: Yes No             | o If <i>Yes,</i> please e | xplain                              |                                |
|                               |                           |                                     |                                |
|                               |                           |                                     | <del></del> -                  |
|                               |                           |                                     |                                |
| Does your child have          | e any limitations or sp   | ecial needs of which we should b    | oe aware? Yes No               |
| If <i>Yes,</i> please explain | l•                        |                                     |                                |
|                               |                           |                                     |                                |
|                               |                           |                                     |                                |
| DARENT/EMERGENC               | Y CONTACTS: Please li     | st in the order that you wish to b  | e contacted in case of emerger |
|                               | T CONTACTS. Fleuse II     | st in the order that you wish to be | e contacted in case of emergen |
| Parent/Guardian 1             |                           |                                     |                                |
| Full Name                     |                           | Cell Phone (                        |                                |
| Address                       |                           |                                     |                                |
|                               |                           |                                     |                                |
| Email                         |                           | Relationship to `                   | Youth                          |
| Parent/Guardian 2             |                           |                                     |                                |
|                               |                           | Cell Phone (                        | ) -                            |
|                               |                           |                                     |                                |
| Address                       |                           |                                     |                                |
| Email                         |                           | Relationship to                     | Youth                          |

Please review and sign on reverse side. This form is not complete without a signature.

## **Consent & Liability Release**

| I give permission for my child,   | , to participate in the St. John   |
|---|--|
| Chrysostom Parish Youth Choir. In case of Medical Emerg   | ency, I understand that, in the event medical  |
| treatment is required, every effort will be made to contact   | ct me or the emergency contact person(s)   |
| designated on this form. However, if I cannot be reached of a licensed physician to provide the care necessary, incl surgery, for my child's well-being. I hereby agree to inder Catholic Church, the Archdiocese of Philadelphia, and its liability. | uding hospitalization, anesthesia, injection, or mnify and hold harmless St. John Chrysostom |
| Full Name of Parent or Legal Guardian (Print)   | Relationship to Youth  |
| Signature of Parent or Legal Guardian   | Date   |

Youth Choir Parents or Guardians must also complete the Archdiocese of Philadelphia Consent Forms for Posting Pictures/Videos of Minors and for Electronic Communications with Minors.