

# 2015/16 Children's Choirs Registration Form

Point Loma Community Presbyterian Church

**Registration Fees** are based on two semesters and church membership. Payment can be made per semester or for the full year. Please make your check payable to PLCPC.

Semester	Member per child	date paid	Non-member per child	date paid
I Sept - December	\$25.00		\$40.00	
II Jan - May	\$25.00		\$40.00	

## Children Registering:

\_\_\_\_\_  
 Name (Last, First)                      Birth date              Grade              School

\_\_\_\_\_  
 Name (Last, First)                      Birth date              Grade              School

## FAMILY INFORMATION:

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person other than parent who is authorized to pick up your child(ren) and be your emergency contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

[ ] Please list any food allergies your child has \_\_\_\_\_

Successful participation in choir requires regular attendance and commitment. Please inform the director if you will not be able to attend rehearsal or sing during a Sunday worship service as soon as possible.

Singers who will be out of town during Christmas and Spring Musical performances may still participate in choirs during the season but need to inform the director at the beginning of the season. Singers who are consistently absent or tardy will not be allowed to participate in performances. \* No more than 4 absences during Thursday rehearsals per semester \* Special parts must attend all part rehearsals. \* The director reserves the right to re-assign parts due to absences \* **Please circle the area where you can help:**

Robe Maintenance	Set/Prop design	Snacks/Water	Rehearsal Help
Pre-Christmas round-up 12/19	Costumes	Christmas Concert Supervision 12/6	Sunday Supervision

I have read the above and understand the choir attendance expectations.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

### **Medical/Dental Emergency Treatment**

If the stated minor/s is in emergency situation, and I or my emergency contact cannot be reached on the Church site or by phone in a timely manner, I hereby authorize as my agent, under the provisions of California Civil Code Section 25.8, or any successor provision, any teacher, volunteer, adult advisor, or employee of Point Loma Community Presbyterian Church, to consent to any x-ray exam, anesthetic, medical, or surgical diagnosis or treatment or hospital care to be rendered to the minor/s under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray exam, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor/s by a dentist licensed under the provisions of the Dental Practice Act.

*Parent/Guardian signature* \_\_\_\_\_

*Date* \_\_\_\_\_

### **Medical Information**

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others. I agree to indemnify and hold harmless the Point Loma Community Presbyterian Church and its affiliates, employees, independent contractors, volunteers, teachers, and other agents from any claims I may make for personal injuries or death of such minor/s and from the claims of third parties whose injury or death of such minor/s have contributed to or caused as a result of such minor/s failure to disclose any such information. I represent and warrant that I have provided all material and important information to the Church pertaining to such minor/s medical, mental and physical conditions, in view of such minor/s participation. I further represent and warrant that this information is complete and accurate.

*Parent/Guardian signature* \_\_\_\_\_

*Date* \_\_\_\_\_

### **Parental Consent for Participation**

As parent or legal guardian of the minor child(ren) listed herein, I hereby authorize and consent to the participation of such minor/s in the events or activities organized or sponsored by, and attended by, adult advisor/s of the Point Loma Community Presbyterian Church Children's Ministries Programs. It is specifically understood that this consent and authorization relates and extends activities held at the church. I hereby release and waive all claims, actions, and causes which I, as parent or guardian of such minor/s, might otherwise have against the Church, any member of the Church staff, volunteers, advisors or other persons helping or participating that may arise out of or from any physical, emotional or mental illness, injury or death while participation in a Church event or activity not caused by the negligence or willful act of such party.

*Parent/Guardian signature* \_\_\_\_\_

*Date* \_\_\_\_\_

### **Publicity**

I understand that television and radio stations, newspapers and other media sources may contact and visit the Church. I grant permission for my child(ren) to be photographed and/or interviewed by such media, and I grant permission for such interviews and/or photographs to be distributed or broadcast to the general public. In addition, I grant permission for photographs of my child(ren) to be used in any brochures and informative publications or church operated websites describing the Church which may be distributed to the public. This pertains to video recordings also. All attempts will be made to notify parents in advance.

*Parent/Guardian signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**Additional Comments or Notes:** \_\_\_\_\_