

Saint Andrew Catholic Church Youth Music Ministry

Tuesday/Thursday Choir Registration Form 2011-2012

<u>Tuesday</u>	<u>Tuesday</u>	<u>Thursday</u>	<u>Thursday</u>	<u>Thursday</u>
Children's Choir	Guitar Choir	Chime Choir	Choristers Choir	Young Ringers
PreK 4 - 2nd grade	3rd - 8th grades	3rd grade	3rd - 8th grades	4th - 5th grades
3:30pm - 4:10pm	4:30pm - 5:15pm	3:30pm - 4:00pm	4:00pm - 4:45pm	4:45pm - 5:30pm
	5:15pm-6:00pm			

Name of Parent(s) _____

Address _____ City/Zip _____

Home Phone _____ Parent(s) Cell Phone(s) 1. _____ 2. _____

Parent(s) Email Address(es) 1. _____ 2. _____

Child's Name _____ Age _____ Grade _____ Birthday _____

Name of School _____ Which Choir? _____

Child's Name _____ Age _____ Grade _____ Birthday _____

Name of School _____ Which Choir? _____

Parents are required to volunteer twice each semester as rehearsal / snack parents or in another volunteer position for the choir. All rehearsal volunteer dates are available on-line sign-up.

Please designate your intended area to volunteer:

Rehearsal Check-in/Out
 Snack set-up/clean-up
 Choir Shirt Coordinator
 Rehearsal escort from school (Tues. choir only)
 Birthday Bag Coordinator for _____
designate which choir you are volunteering for
 Snack Coordinator (purchase snacks for the Tuesday / Thursday choirs)

EMERGENCY CONTACT INFORMATION

Please list the names of two people who could be reached in case parents cannot.

Name of Contact _____ Phone _____

Name of Contact _____ Phone _____

Parent Signature _____ Date _____

Please circle how your child will be dismissed from choir:

1. Parent(s) will pick up 2. My child will be taken to after school care
3. The following designated person will pick up _____ Phone# _____

There is a \$20 program fee for *each* child involved in the Youth Music Ministry Program

Office use Only: Program fee paid cash amount _____ check # _____ / amount _____ Pick up instructions indicated

FORM A Annual Youth Ministry Parental Liability Waiver, Permission and Medical Information

Catholic Diocese of Fort Worth and/or the Parish of

Saint Andrew

Annual Youth Ministry Parent/Guardian/Conservator Permission, Liability Waiver and Medical Information

Youth Participant's Name: _____
Birth Date: _____ Sex: _____
 Parent Guardian Conservator Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Emergency Contact Name: _____
Relationship to the son/daughter/participant: _____
Home Phone: _____ Cell Phone: _____
Texting: Yes No Business Phone: _____

Release/Indemnification Information:

I, _____ grant my permission for _____
Parent/Guardian/Conservator's Name Participant's Name

to participate with the various programs and activities of the Diocese of Fort Worth and/or the parish of
Saint Andrew beginning the 1st day of June, 2011 and continuing through the 31th day of May,
2012. These various programs and activities will take place under the guidance and direction of employees and/or
volunteers from the parish of Saint Andrew and/or the Diocese of Fort Worth. This permission and liability
waiver will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth
and/or parish of Saint Andrew. A separate FORM B Consent to Participate and Consent to
Emergency Medical Treatment must be filled out and turned in to accompany this form per each program and/or activity.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due in part by gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Parent/Guardian/Conservator Signature _____ Date _____

Social Media Release

I give permission for youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, and other social media. I understand that I may request access to the social media sites, texting and any other electronic communication at any time.

Parent/Guardian/Conservator Signature _____ Date _____

FORM A Annual Youth Ministry Parental Liability Waiver, Permission and Medical Information

Participant Medical Information

Please attach a photocopy of your (participant's) Insurance Card, front and back and fill out the information below.

Youth Participant's Name: _____

Insurance Carrier: _____ Policy Number: _____

Insurance ID Number: _____

Social Security #: _____

Medications: Check All that Apply – Note: DO NOT CHECK ALL BOXES BELOW AS ONE MAY CANCEL OUT ANOTHER

- This child takes no medication and will bring no medication with him/her.
- This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below: (you may attach a sheet to this form if you need more space just make sure to sign and date it as well).

This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

I grant permission for the following nonprescription medication to be given to this child (excluding medication listed below that causes allergic reaction).

Non-aspirin pain reliever: Yes No # of tablets per dosage _____

Throat Lozenge: Yes No _____

Decongestant: Yes No # of tablets per dosage _____

Antacid: Yes No _____

Antihistamine: Yes No # of tablets per dosage _____

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: date of last tetanus/diphtheria immunization _____

Other Medications child currently takes _____

Any physical limitations _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition. _____

You should also be aware of these special medical conditions of this child. Please attach a clear description to this form

Signature of Parent/Guardian/Conservator: _____

Witnessed by me, _____ this _____ day of _____

Notary's Signature: _____ Notary's Seal: _____

Required for all out of state activities

**Diocese of Fort Worth and/or Parish of Saint Andrew
Adult Liability Waiver, Medical Release and Promotional Release Form**

****All adults participating in parish and/or diocesan Youth Ministry Events must fill out this form****

Adult Participant's Name: _____

Parish: Saint Andrew Daytime Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Do you text? _____

Have you gone through the Approved Diocese of Fort Worth Safe Environment Training Program?

Answer: _____ If so, when _____ what parish _____

Have you read and signed the Code of Conduct and Standards of Behavior from the Diocese of Fort Worth and do you agree to follow the "Code" and "Standards." _____

Have you read and do you agree to follow the diocesan guidelines for on and off site youth ministry. Answer: _____

*I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Diocese of Fort Worth, Bishop of the Roman Catholic Diocese and his Successors in office, Diocesan Employees, Volunteers, and the parish of Saint Andrew youth ministry program, their officers, directors, and agents from any liability (unless caused by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the **1st day of June, 2011 through the 31th day of May, 2012.***

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Day Phone Number: _____ Night Phone Number: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Please attach a copy, front and back of your Medical Insurance Card

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which I may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature _____ **Date** _____



CHOIR POLO ORDER FORM 2011-2012

Children's Sizes XS S M L

Adult Sizes S M L XL

Choir Member Name _____

Name of Choir _____ Shirt Size? _____ Child or Adult Size?

Choir Member Name _____

Name of Choir _____ Shirt Size? _____ Child or Adult Size?

Choir Member Name _____

Name of Choir _____ Shirt Size? _____ Child or Adult Size?

Choir Member Name _____

Name of Choir _____ Shirt Size? _____ Child or Adult Size?

Office Use Only:

Paid Cash amount _____ Check # _____ /Amt _____