

Diocese of Orange

Diocesan Children's Choir - Preparatory Choir (Grades 1-5)

Please fill out the attached forms along with payment, and turn them in at our first rehearsal or to the Music Office, ATTN: Lauren McCaul or mail it to be received by Monday, January 15th to:

Christ Cathedral Parish Music Ministry
Attn: Lauren McCaul
13280 Chapman Avenue
Garden Grove, CA 92840

Full Name	Gender (M or F)	Birthdate	Grade (Fall of 2016)	T-shirt size (Child XS, Child S, Child M, Child L, Adult S)

*Please include payment in the amount of \$125 per child by check, made payable to **Christ Cathedral Parish** with **Diocesan Children's PREP Choir** written in the memo line. Additionally, if you'd like to make a tax-deductible donation, to assist another family who might need assistance, please include any additional amount with your payment, thanks!*

DIOCESAN CHILDREN'S CHOIR FAMILY INFORMATION

Family Name _____ Home Phone # _____

Mother's Name _____ Cell Phone # _____

Father's Name _____ Cell Phone # _____

Family E-mail _____

Street Address _____

City, State, Zip _____

Emergency Contact Name and relationship to child:

Name _____ Relationship _____

Cell Phone # _____

Will anyone else be picking your child up? (please attach

Name _____ Relationship _____

Cell Phone # _____

Name _____ Relationship _____

Cell Phone # _____

Name _____ Relationship _____

Cell Phone # _____

**please inform those picking up your child that they will need to present a valid photo ID*

DIOCESAN CHILDREN'S CHOIR
MEDICAL INFORMATION & PERMISSION FORM

Allergies (please list child's name and corresponding allergy) _____

Medical Insurance Carrier Name & Policy # _____

Additional Medical Concerns (please list child's name and corresponding info.) _____

I, the parent (guardian) of _____ hereby give my permission for her/his/their participation in Diocesan Children's Choir from 1/20/18 - 6/30/18 at Christ Cathedral Campus. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above. _____ Initial

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity. _____ Initial

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use. _____ Initial

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. _____ Initial

I, along with my child, have reviewed the schedule carefully and we are able to commit to the complete schedule as it is currently printed. I also understand that the schedule will need to be adjusted from time to time, but will do our best to attend each and every rehearsal and performance. I further understand that after two unexcused absences, or four excused absences, my child will be released from the choir. No tuition refund will be issued, but the singer is free to re-audition next season. _____ Initial

Parent/Guardian Signature

Date

Parent Name (please print)

Student Signature

Date

Student Name (please print)

For more information or if you have any questions, contact Lauren McCaul - (714) 971-2141, X5529 or music@christcathedralparish.org