

**St. John's Youth Choir
(Reading-Age to Grade 8)
Registration and Parental Permission
2018-2019**

Chorister's Name _____ Grade _____

Address _____ School _____

City/Zip _____

Home Phone _____ Chorister's Birthday _____

Cell Phone _____

EMAIL _____

In case of emergency contact:

Name _____

Telephone (Day) _____

Telephone (Night) _____

I give my son/daughter, _____ permission to participate in St. John's Youth Choir. It is understood that this consent in no way waives any legal responsibility which may attach to any personal action taken by my son or daughter.

At all times the undersigned acknowledges responsibility for the actions of the named student and agrees to indemnify and hold harmless St. Paul the Apostle Parish and its agents from any liabilities arising out of individual acts of the named student.

I give my permission for my child to ride the inter-campus bus directly after school (Wednesday afternoons) to St. John's Catholic Church. (All Saints Students only)

I also give permission to have my child's picture taken for group displays at the church.

Parent's signature _____ Date _____

Rehearsals take place at St. John's Church, 207 York Street
Parents assume responsibility for picking up children at dismissal time.

**RETURN FORM TO:
Dr. Kevin Birch, Director - St. John's Catholic Church
207 YORK STREET - BANGOR
(or to All Saints Catholic School Office)**

PLEASE RETURN by MONDAY, SEPTEMBER 17