

# Singing Angels Children's Choir Registration Form

(one form for each child)

I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the St. Philip The Apostle Catholic Church Singing Angels Children's Choir, and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

**I also attest that a current medical information and authorization form is on file in St. Philip The Apostle Catholic Church Religious Education Office, if my child is already enrolled in P.R.E.P., and if not, then I will be completing the one you provided me one as part of this registration. I understand the following:**

- Practices are from 6:00 to 6:30 p.m. on scheduled Monday evenings in the church choir area. **The first practice is Monday October 18<sup>TH</sup> at 6:00 p.m. in church.**
- One compliant chaperone is required in addition to Mr. Cowen.
- I will accompany my child into the church and stay with them until a SAFE PARISH compliant adult chaperone arrives along with Mr. Cowen, per diocesan requirements.
- It may be necessary for parents who are SAFE PARISH compliant to assist in a rotation for one or more of the rehearsal or performance dates.
- A schedule calendar will be provided to me.
- Promptness and consistency in attending practice and performances is necessary in order to make this a positive experience and help the choir reach its objectives.
- Good behavior is must.

Child's Name (Please Print Legibly) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email address (please print LEGIBLY) \_\_\_\_\_

Note: Mr. Cowen will communicate regularly with you and your enrolled child via email.

**This registration sheet is to be turned in to Mr. Cowen by noon Sunday Oct 10th.**

Mr. Cowen has a mail drawer in the black cabinet in undercroft by stairwell.

For questions call Mark Cowen - Music Director, cell / voice mail 513-850-5023

email me: [mcowen@stphilipmorrow.org](mailto:mcowen@stphilipmorrow.org) or see me personally after any of the weekend Masses