

2017 BISHOP HENDRICKEN CHRISTMAS YOUTH CHOIR

REGISTRATION FORM

Student Name _____

Home Address _____
Street City State Zip Code

Home Phone _____ Student Cell Phone _____

Parent/Guardian Name _____

Parent/Guardian E-Mail Address _____

School _____ Grade _____ Age _____ Birthdate _____

PHYSICAL

Please list any physical limitations or restrictions that our Arts staff should be made of aware of as it relates to your child's participation in this activity.

Dietary Restrictions/Preferences _____

MEDICAL

I will allow the school or one of its agents the ability to give my child upon his/her request:

Tylenol **Advil** **Neither**

Please list any medical information that our staff should be made of aware of as it relates to your child's participation in this activity.

Allergies _____

Medications _____

Emergency Contact Name _____

Emergency Contact Number(s) _____

I give my child permission to participate in the Bishop Hendricken Christmas Youth Choir. By signing this, I acknowledge that my child will be responsible for attending all rehearsals and the performance as follows:

<i>Monday, November 20</i>	<i>4:00-5:00</i>
<i>Monday, November 27</i>	<i>4:00-5:00</i>
<i>Monday, December 4</i>	<i>4:00-5:00</i>
<i>Monday, December 11</i>	<i>4:00-5:00</i>
<i>Tuesday, December 12</i>	<i>4:00 arrival / 7:00 concert (dinner will be provided)</i>

Printed Parent/Guardian Name

Parent/Guardian Signature