

ST. MICHAEL'S CHOIR SCHOOL

Personal Information

1. Participant's Name:

Birth Date:

Address:

Home Phone:

Cell Phone:

Email Address:

2. Parent or Guardian's Name:

Address:

Home Phone:

Cell Phone:

Email Address:

3. Name of alternative adult to be contacted in case of emergency:

Relationship of this adult to the participant:

Contact information for this person:

4. Name of any other adult(s) authorized to pick up participant after Choir School:

Medical Information

5. Does the participant have any of the following conditions: Circle Yes or No.

If Yes is circled, please explain further.

- | | | |
|---------------------------|-----|----|
| 1. Allergies | Yes | No |
| 2. Asthma | Yes | No |
| 3. Heart Condition | Yes | No |
| 4. Reaction to bee stings | Yes | No |
| 5. Other | Yes | No |

6. Please add any information about special conditions that the Choir School leaders may need to know about, including physician's name and number if appropriate:

Permission & Liability Release

Name _____ has my permission to participate in St. Michael's Choir School.

In case of emergency, if I cannot be contacted, I authorize the Choir School leaders to arrange for emergency medical treatment, including anesthesia, and to contact the alternative adult named above.

I understand that accidents and injuries may occur, I accept those risks and responsibilities, and I do not hold St. Michael's Church liable for any injuries that may occur.

Signature of Parent or Guardian _____

Date: _____