

High Spirits 2017

Grade 3-8

Trinity Youth Choirs are welcoming new and returning members. Please leave the following contact information.

CHILD'S NAME _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

PHONE NUMBERS (home) _____ (work/cell) _____

EMAIL (s) _____

SCHOOL _____ AGE _____ GRADE _____

ANY INSTRUMENT PLAYED? _____

EMERGENCY CONTACT PERSON (in case we can't get you):

NAME: _____ NUMBER _____

FOOD ALLERGIES, MEDICAL ISSUES, SPECIAL NEEDS

PHOTO RELEASE

I give permission for photos or videos of my child taken during choir events to be used by the church in the newsletter, church website, local newspaper or any other official church publication or advertising. Trinity United Church is not responsible for monitoring photographs or recordings by other parties.

_____ **I give** my permission _____ **I DO NOT** give my permission

Signature of parent or guardian _____ Date _____