



## HOLY TRINITY ANGLICAN CHURCH

15150 Bellaire Blvd, Houston, TX 77083

Phone: (281) 561-7262

### CHILDREN'S CHOIR REGISTRATION FORM

Date: \_\_\_\_\_

Name of registrant: \_\_\_\_\_ Grade: \_\_\_\_\_

(One name per form, please)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(In the interest of postage, time and convenience, we would like to communicate with you via e-mail if possible)

Birthday : \_\_\_\_\_ ( children please give year, also)

#### **IMPORTANT:**

Parents/Guardian: \_\_\_\_\_

Emergency contact number: (your cell phone, grandparent, neighbor, etc.)

Name and number: \_\_\_\_\_

#### **Additional Information** (please circle the one that applies)

Have you been in a choir before? **YES** or **NO**

Do you play an instrument or take private music lessons? **YES** or **NO**

Do you read music? **YES** or **NO**

What voice part do you sing? \_\_\_\_\_

**Please List any Medical conditions that the Bach Children's Choir should be aware of:**

Vision Problems \_\_\_\_\_ Wears glasses- Yes or No

Hearing Problems \_\_\_\_\_ Wears hearing aid- Yes or No

Other Medical conditions or allergies

\_\_\_\_\_  
Medications that are taken on a regular basis

\_\_\_\_\_  
If an emergency should arise which requires immediate attention and we as parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this child. Yes or No

Date: \_\_\_\_\_ Signature of parent/guardian

\_\_\_\_\_

PARENTAL CONSCENT & PERMISSION FOR MEDIA USE FOR THE

**\*\* HOLY TRINITY CHILDREN'S CHOIR**

Child's Name(s)

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Throughout the season, there will be occasions where the Holy Trinity Children's Choir will be photographed or videotaped. **The Holy Trinity Children's Choir will assume we have your permission for your child to be in these types of photographs or videotapes UNLESS YOU NOTIFY THE HTC CHILDREN CHOIR IN WRITING that you do not want your child included in such photographs or videotapes.**

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In addition, the HTC Children may wish to take photographs or audio/video of children or interview the children in a manner that would be **individually identifiable to a specific child**. Please indicate below if you agree for your child to be in these **specific** photographs, audio/videos or interviews.

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, hereby **GIVE / DO NOT GIVE permission to the Holy Trinity Children's Choir** to allow my child to be **specifically** photographed, audio/videotaped, or interviewed in any way that would reasonably portray programs or events of the Holy Trinity Children's Choir.

The Holy Trinity Children's Choir retains the rights to any photographs, audio tapes or video recordings to be used for publicity or advertising in both print form and on the internet. I further release the Holy Trinity Children's Choir, and any of its employees or Board Members, from any compensation or damages in allowing the media's use of photographs, audio/videotapes, or interviews of my child. The Holy Trinity Children's Choir is a nonprofit Ministry under the Leadership of the Holy Trinity Anglican Church.

I do further certify that I am of full legal capacity to execute the above authorization and release.

\_\_\_\_\_  
Parent--Print Name

\_\_\_\_\_  
Parent--Signature