

**Peachtree Road United Methodist Church
2018-19 Children's & Youth Choir and Bells
Information Form**

Child/Youth Name: _____ Grade: _____ B'date: _____

Home Address: _____

Parent Email: _____ T-shirt Size _____

Youth Email: _____ Youth Cell Phone: _____

Registering for:

- Wednesday Cherub Choir (Age 4 or Pre-K)
- Thursday Cherub Choir (Age 4 or Pre-K)
- Carol Choir (Kindergarten)
- Covenant Choir (1st - 2nd)
- Celebration Choir (3rd - 5th)
- Doxology Youth Choir (6th - 12th)
- Steeple Chimes (1st - 2nd)
- Chapel Bells (3rd-5th)
- Peachtree Ringers (6th - 12th)

List allergies, special needs, and/or preexisting medical conditions:

Medical Insurance Information (please print clearly)

Ins. Company _____ Policy ID # _____

Emergency Phone Numbers

Parent/Guardian 1 Name _____ Cell # _____

Parent/Guardian 2 Name _____ Cell # _____

Name of Physician _____ Phone # _____

Emergency Contact other than parents:

Name _____ Phone# _____

On any trip/activity in which _____, my child (or ward), participates or in connection with any other activities or events in which my child (or ward) may participate that are held, supervised, conducted or sponsored by Peachtree Road United Methodist Church (PRUMC). I hereby waive, satisfy and relinquish all claims which may arise, and do hereby, for myself and my child (or ward) waive, satisfy, release and forever discharge PRUMC and its affiliates, its officers, directors, trustees, employees, volunteers, servants, agents, successors and assign from and against any and all claims, demands, costs, expenses, liabilities, judgments, sums of monies, actions and causes of action of whatever kind and nature including, without limitation, those predicated upon negligence. This is intended to be a general release and waiver including, but not limited to all claims for property damage, contract damage, personal injury, special, general, direct and consequential damages, loss of profits, loss of consortium and any and all other damages of any kind or nature.

In addition, by signing below, I give my permission for any photography or video of my child participating in PRUMC events to be released for publicity purposes.

I further authorize any adult chaperone or volunteer of PRUMC to approve any medical treatment which might be required during any such trip or activity.

Signature of Parent or Guardian

Date

RETURN TO:
Kathy Fletcher, Director of Children's and Youth Music
Peachtree Road United Methodist Church
3180 Peachtree Road NE, Atlanta GA 30305
Email: kathyf@prumc.org