

MUSIC REGISTRATION 2019/2020

St. Thomas United Church

100 Hawkwood Blvd. NW
Calgary, Alberta T3G 2S9
(403)241-0366 fax (403)547-5556
email: office@stthomasunited.ca

CHILDREN'S CHOIR: ECS through six - **REHEARSESES:** Thursdays - 6 - 7pm

YOUTH CHOIR: Grade six to university - **REHEARSESES:** Wednesdays – 7:00 - 8:30pm

SINGER/MUSICIAN NAME _____

ADDRESS _____

POSTAL CODE _____

Phone (h) _____ **(cell)** _____ **(o)** _____

Email address (please print clearly) Please include parent's/guardian's email as well as child's/youth's

SCHOOL _____ **GRADE** _____

BIRTHDATE _____ **AGE** _____

INSTRUMENT(S) that you play (if applicable) _____

PARENT'S/GUARDIAN'S NAME(S) _____

Office Phone Numbers

Cell Phone Numbers

Allergies: (please list) _____

May we use the email address supplied to inform you of upcoming events?

If we may, please initial here: _____

(If, at any time, you no longer wish to receive emails, simply reply to an email mail with 'Remove me from your email list' in the subject line or call the Church Office at 403-241-0366.)

THERE IS NO REGISTRATION FEE FOR OUR MUSIC PROGRAMS! Since our music programs continue to expand with new possibilities and opportunities, a contribution to our music budget would be received with appreciation! Please make cheque payable to St.Thomas and designate **"MUSIC PROGRAM"**. An income tax deduction is available. Thank you!

Parent/Guardian/Participant SIGNATURE

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Phone: (403) 241-0366 Fax: (403) 547-5556 stthomas@shaw.ca www.stthomasunited.ca

PARENT/GUARDIAN APPROVAL, ACKNOWLEDGEMENT AND RELEASE FORM

Participant's Name

I/We the parents (and/or Guardians) of the above named participant, hereby give our approval and acknowledgement to his/her participation in programs offered by St. Thomas United Church between Sept 1, 2019 and June 30, 2020.

I/We do hereby acknowledge and agree that the participation of our child, above named, is at our sole risk and liability; moreover, we hereby release and agree to hold harmless St. Thomas United Church, the instructor, coordinator, leader or any responsible appointed adult from any and all actions, the cause of actions, claims liability and demand whatsoever arising out of or in any way related to or connected with this program without limitations.

I/We do hereby consent to any medical attention or any other care or treatment considered necessary.

Signature

Date

Witness Signature

Date

Alberta Health Care Number: _____

Please note any health problems, allergies, or special medication required:

St. Thomas United

St. Thomas United Church Photograph Release (Children/Youth)

As part of the programs at St. Thomas United Church, electronic and/or film images or video recordings may be taken of you and your child or children. These images could be used for Worship Services, group activities such as crafts and as part of our promotional materials, on our web site or on our social media page. St. Thomas United Church will not publish the name of your child or his or her personal information.

Note: Other photographs of your child may be taken as part of group activities and may be taken home by other children participating in this program. Once the images are in the possession of persons outside of St. Thomas United Church, St. Thomas is not responsible for the way the images are used.

I _____, give St. Thomas United Church (STUC) permission to use my child's image in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of STUC. Any images can be used to publicize STUC activities and the church community at large. I acknowledge that I will not receive compensation for the use of these images, and hereby release STUC from any and all claims. I waive all copyright to these images.

I give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: _____

Parent or Guardian name (print): _____

Signature: _____

Child's name(s) _____

Email: _____ Daytime Contact Number: _____

I **DO NOT** give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: _____

Parent or Guardian name (print): _____

Signature: _____

Child's name(s) _____

Email: _____ Daytime Contact Number: _____