Youth Choir
Saint Andrew's

PLEDGE

I will be kind to other choristers and to the leaders and volunteers of St. Andrew's Youth Choir. I'll be open to learning of God's love for me and I'll try my hardest, be my nicest, and sing with joy.

_____
Student Signature

REGISTRATION FORM

Student Name _____ Grade _____

School _____ Teacher _____

Address _____

Circle all sessions your child will attend: Fall Winter Spring

Parent/Guardian 1 Name _____

Phone _____ Email _____

Parent/Guardian 2 Name _____

Phone _____ Email _____

If we can't be reached, contact _____ Phone _____

Special needs (dietary, allergies, medications, etc) _____

_____

I will support my child's musical, emotional and spiritual growth and will encourage faithful attendance, informing Mrs. Densmore of necessary absences in advance. I give permission for:

- my child to take part in activities associated with St. Andrew's Youth Choir;
- photos that include my child (without names) to be used on the website and in the media;
- medical assistance to be given to my child in the event of injury.

Parent signature _____ Date _____