



QUEEN OF PEACE
Catholic Parish

“Serve the Lord with gladness; Come before His presence with singing.” Ps. 100.2

ADULT and YOUTH (gr. 9-12) CHOIR
REGISTRATION

Directed by Russ Christensen
Music Coordinator: Molly Christensen

Please mail completed form to: P.O. Box 3016, Salem, OR 97302
For more information, call Molly Christensen at 503-3647202 ext. 207 or e-mail
molly@qpsalem.org

Name _____ Date _____

Mailing Address _____ City/Zip _____

Home Phone _____ Business/Cell Phone _____

E-mail Address _____

What experience do you have with choirs? _____

What section do you sing? (Sop., Alto, Tenor, Bass) _____

Do you play an instrument? _____

What instrument do you play? _____

If you are under 18 years of age, please complete the information on the back of this form.

Date of Birth _____ Grade _____ School Attending _____

Parent(s)/Guardian(s) _____

Phone Numbers (cell, wk., home) _____

Emergency contact (other than parent/guardian) _____

_____ Phone _____

Doctor's Name & Phone _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No. If yes, state name, dosage, reason for drug and prescription physician _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention _____

Name of Medical Insurance Company _____

Group or I.D. Number _____

I give permission for _____ to participate in the Queen of Peace Church Choir.
(Name of child)

I do hereby release, hold harmless and covenant not to sue the Archdiocese of Portland, Queen of Peace Church, and all employees and leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms and consent to these conditions. I remain fully liable for any legal responsibilities which may result from actions taken by my child. In the event of an emergency, and I cannot be reached, I hereby authorize emergency treatment to be administered. I also give permission for my child to be photographed and to have personally identifiable information regarding my child released for parish use only.

Signature (parent/guardian) _____ Date _____



QUEEN OF PEACE
Catholic Parish & School

If you want peace, work for justice. - Pope Paul VI

Photo/Video Permission

I hereby give Queen of Peace Parish/School permission to use photographs/videos of myself, and these family members, on its website, in parish/school publications, and/or on their high-school youth *facebook* page.

I understand that there will be no identifying information (e.g., name, age, etc.) included in these publications. All requests to have pictures/videos removed will be honored.

Signature (Adult/Parent/Legal Guardian) Printed Name (Adult/Parent/Guardian) Date

PLEASE PRINT NAME(S) OF ANY OTHER(S) IN HOUSEHOLD:

_____ First Last	_____ First Last
_____ First Last	_____ First Last
_____ First Last	_____ First Last