

ST. JUDE THE APOSTLE PARISH**Youth and Children's Choirs**

Please print or type all information.

*Youth Choir**Children's Choir***GENERAL INFORMATION****STUDENT'S NAME****NAME(S) OF PARENT(S)****STREET ADDRESS****CITY****STATE****ZIP****DATE OF BIRTH****PARENTS' E-MAIL****HOME PHONE****SCHOOL****TEACHER****GRADE LEVEL****DOES THIS STUDENT PLAY A MUSICAL INSTRUMENT? IF YES, WHICH ONE?****MEDICAL INFORMATION****EMERGENCY CONTACT & RELATIONSHIP****EMERGENCY CONTACT PHONE NUMBER(S)****PREFERRED PHYSICIAN & PHONE****PREFERRED HOSPITAL****ALLERGIES, MEDICATIONS, CHRONIC CONDITIONS, SPECIAL MEDICAL CONCERNS****INSURANCE COMPANY
& POLICY NUMBER****PRIMARY NAME ON POLICY**

**St. Jude the Apostle Parish
Archdiocese of Cincinnati
RELEASE & INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY**

1. I, THE LAWFUL PARENT OR GUARDIAN OF _____ (THE "CHILD"), RELEASE FROM ALL LIABILITY, AND INDEMNIFY AND HOLD HARMLESS THE ARCHBISHOP OF CINCINNATI ("THE ARCHBISHOP"), BOTH INDIVIDUALLY AND AS TRUSTEE FOR THE ARCHDIOCESE OF CINCINNATI AND ALL PARISHES WITHIN THE ARCHDIOCESE, AND THE OFFICERS, AGENTS, REPRESENTATIVES, VOLUNTEERS, AND EMPLOYEES OF EITHER THE ARCHDIOCESE OR ANY PARISH THEREOF ("AGENTS") FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY FEES, KNOWN OR UNKNOWN AT THIS TIME, ARISING OUT OF OR IN ANY WAY RELATED TO ANY INJURY OR ILLNESS INCURRED BY MY CHILD WHILE PARTICIPATING IN OR TRAVELING TO OR FROM THE ACTIVITY.

2. I AGREE TO INSTRUCT MY CHILD TO COOPERATE WITH THE ARCHBISHOP OR HIS AGENTS IN CHARGE OF THE ACTIVITY.

3. (A) I APPOINT THE ARCHBISHOP OR HIS AGENTS WHO ARE ACTING AS LEADERS OF THE ACTIVITY AS MY ATTORNEY IN FACT TO ACT FOR ME IN MY NAME AND MY BEHALF, IN ANY WAY THAT I WOULD ACT IF I WERE PERSONALLY PRESENT, WITH RESPECT TO THE FOLLOWING MATTERS IF ANY INJURY, ILLNESS OR MEDICAL EMERGENCY OCCURS DURING THE ACTIVITY.

(i) TO GIVE ANY AND ALL CONSENTS AND AUTHORIZATIONS TO ANY PHYSICIAN, DENTIST, HOSPITAL OR OTHER PERSONS OR INSTITUTIONS PERTAINING TO ANY EMERGENCY MEDICATIONS, MEDICAL OR DENTAL TREATMENTS, DIAGNOSTIC OR SURGICAL PROCEDURES OR ANY OTHER EMERGENCY ACTIONS AS OUR ATTORNEY SHALL DEEM NECESSARY OR APPROPRIATE FOR THE BEST INTEREST OF MY CHILD.

(ii) I UNDERSTAND THAT THE AGENTS OF THE ARCHBISHOP WILL MAKE A REASONABLE ATTEMPT TO CONTACT ME AS SOON AS POSSIBLE IN THE EVENT OF A MEDICAL EMERGENCY INVOLVING MY CHILD.

3. (B) THE POWERS AND AUTHORITY GRANTED HEREIN MAY BE REVOKED BY ME BY WRITTEN NOTICE DELIVERED TO THE ARCHBISHOP OR HIS AGENTS WHO ARE THEMSELVES ACTING OR WHO HAVE BEEN PREVIOUSLY ACTED HEREUNDER. WITHOUT SUCH WRITTEN NOTICE, THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY DISABILITY, INCAPACITY OR ADJUDICATED INCOMPETENCY. THIS POWER OF ATTORNEY SHALL LAPSE AUTOMATICALLY UPON COMPLETION OF THE ACTIVITY AND THE RETURN OF MY CHILD TO THE ENDING PLACE.

4. I AGREE THAT THE ARCHBISHOP OR HIS AGENTS MAY USE MY CHILD'S PORTRAIT OR PHOTOGRAPH FOR EDITORIAL PURPOSES AND OFFICE FUNCTIONS, AND HEREBY RELEASE THE ARCHBISHOP AND HIS AGENT FROM ANY LIABILITY RESULTING SUCH USES.

I HAVE CAREFULLY READ THIS STATEMENT, AND MY SIGNATURE ACKNOWLEDGES THAT I FULLY UNDERSTAND ITS CONTENT AND MEANING.

SIGNATURE OF PARENT OR GUARDIAN

DATE

**St. Jude the Apostle Parish
Archdiocese of Cincinnati
UNDERSTANDING OF FAMILY COOPERATION**

PARTICIPATING IN OUR CHILDREN'S CHOIR IS A WONDERFUL EXPERIENCE THAT PROVIDES MEMORIES AND FRIENDSHIPS FOR LIFE. IT IS THE GOAL OF THE CHOIR THAT EVERYONE INVOLVED BELIEVE THAT THE MANY HOURS COMMITTED TO REHEARSALS AND PERFORMANCES ARE TIME WELL SPENT, AND THAT THE EFFORTS OF EVERYONE ARE COUNTER-BALANCED WITH A SENSE OF PERSONAL SATISFACTION FOR A JOB WELL DONE.

IN ORDER TO ACHIEVE THESE GOALS, IT IS NECESSARY TO HAVE THE COOPERATION OF ALL MEMBERS AND THEIR FAMILIES. WHILE EVERY EFFORT IS MADE TO MAKE GOOD USE OF TIME, THERE ARE TIMES WHEN WAITING PATIENTLY OR WATCHING THE PERFORMANCE OF OTHERS ARE INVOLVED. THIS MAY BE ESPECIALLY HARD TO SOME OF THE YOUNGER CHOIR MEMBERS, BUT IT IS A NECESSARY COMPONENT OF THIS GROUP.

ST. JUDE SCHOOL STUDENT CHOIR MEMBERS ARE WELCOME TO SING ANY TIME THE CHILDREN'S CHOIR SINGS AT SUNDAY MASS, AND ARE REQUIRED TO SING AT ONE-HALF (AT LEAST) OF THE SUNDAY/HOLY DAY MASSES WITH CHILDREN'S CHOIR. PARTICIPATION IN THE SCHOOL CHILDREN'S CHOIRS REQUIRES AN AUDITION AND APPROVAL FROM THE STUDENT'S HOMEROOM AND CLASSROOM TEACHERS.

FOR THE BENEFIT OF THE ENTIRE CHOIR, EXCESSIVE CHILDISH MISBEHAVIOR CANNOT BE TOLERATED. IF MISBEHAVIOR OCCURS, THE CHILD WILL BE CORRECTED AND WARNED; A SECOND MISBEHAVIOR WILL RESULT IN NOTIFICATION OF PARENTS; CONTINUED MISBEHAVIOR MAY RESULT IN THE CHILD BEING DISMISSED FROM THE CHOIR.

IN ORDER TO PREVENT ANY PROBLEMS AND TO PROVIDE THE SAFEST ENVIRONMENT FOR THE YOUNG PEOPLE, PARENTS OF ALL MEMBERS WILL NEED TO BE INVOLVED IN THE CHOIR. PARENTS WILL BE REQUIRED TO ROTATE AS CHAPERONS. THEY ARE ALSO REQUIRED TO PROMPTLY DROP-OFF AND PICK-UP THEIR CHILDREN AT APPOINTED TIMES. LIKEWISE, PARENTS WHO MAY BE AVAILABLE TO BE AT REHEARSALS ON A CONSISTENT BASIS MAY BE ASKED TO HELP IN NON-MUSICAL ACTIVITIES ASSOCIATED WITH THE CHOIR, I.E. LIBRARIAN, ATTENDANCE TAKING, ETC...

BEING A MEMBER OF THE CHILDREN'S CHOIR BRINGS OUT THE BEST IN THOSE INVOLVED. IT CAN DEVELOP CONFIDENCE, POISE, AND A SENSE OF SELF-DISCIPLINE. IT IS ONE OF MANY OPPORTUNITIES TO DISPLAY AND DEVELOP PERFORMANCE TALENTS. BY SIGNING THIS AGREEMENT, THE PARENT AND CHILD ACKNOWLEDGE THE CHILD'S WILLINGNESS TO BE AN EFFECTIVE AND WORTHWHILE MEMBER OF THE CHILDREN'S CHOIR, RESPECT THE NEEDS OF OTHER PERFORMERS, AND TO ABIDE BY ALL LEGITIMATE REQUESTS OF THOSE IN AUTHORITY.

SIGNATURE OF CHOIR MEMBER

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE