

JEFFERSON AREA CHILDREN'S CHOIR REGISTRATION FORM

Childs Name _____ Age _____ Grade _____

Parent/Guardian _____

Address _____ Phone # _____

Secondary Phone # _____

Email Address (Required) _____

T-Shirt Size (Be Specific) _____

Describe your singing experience (no matter how little or substantial) _____

Do you play a musical instrument? If So:

Instrument: _____ How long have you played? _____

EVERYONE SHOULD PAY PARTICULAR ATTENTION TO THE COVENANT BELOW:

The JACC season runs from ~~Aug 28~~ - May 13. Are you willing to commit for the entire season and are you willing to attend ALL Wednesday rehearsals (within reason) for the full season?

Signed Child _____ Signed Parent/Guardian _____

Are you willing to be a good choir member who puts the team/group first, and shows respect to the adult leadership and every other member of the choir?

Signed Child _____

The \$20.00 registration fee must be paid by Sept. 12. Checks can be made to Jefferson United Methodist Church or JUMC

(PARENTS-GUARDIANS-be sure to fill out the medical/activity release form and have it submitted and signed by Sept. 12)

**Jefferson United Methodist Church
Activity Participation Agreement
2018 -19**

Activity Information

Name of sponsor's organization: Jefferson United Methodist Church
Address: 125 E Jefferson Street, Jefferson, OH 44047 Telephone: 440-576-4561
Description of activity: VBS Sunday School Children's Choir Youth Program R&R
Other: _____

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____ Grade _____
Names of parents/guardians: _____ Shirt Size: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (Day): _____ Telephone (Evening): _____ Cell: _____
E-mail address _____
Is sponsor authorized to provide medical treatment? Yes No
Is participant covered by personal/family medical insurance? Yes No
If yes, name of insurer: _____
Policy or group number: _____

Medical information including medical provider(s) is listed on the next page and will remain confidential.

Participation Agreement

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Sponsor, or the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

I GIVE I DO NOT GIVE Jefferson United Methodist Church permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against them with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant or BOTH parents/guardians if Participant is a minor)

JACC TRANSPORTATION AUTHORIZATION FORM

Dear (name of teacher) _____,

I authorize my child _____ to be transported to Jefferson United Methodist Church by JUMC vans each Wednesday afternoon, immediately after school, for rehearsal with the Jefferson Area Children's' Choir.

Signed (parent/guardian) _____

Date _____