| OUR LADY OF THE VISITATION CHILDREN'S CHOIR REGIS | STRATION FORM | <u>Please complete</u> <u>all 3 pages.</u> <u>Please note any</u> <u>information that</u> <u>has changed since</u> last ways with a |
|--|--|--|
| Family Name: | | <u>last year with a</u> <u>check mark.</u> |
| Mother's Name: | Mother's Maiden Name: | |
| Mother's Religion: | Employer: | |
| Father's Name: | | |
| Father's Religion: | Employer: | |
| Home Address: Street | | |
| City | Zip | |
| Home Telephone Number: () | Cell/Pager Number () Mothers () Father's | |
| Work Phone Number/s: () Mother's E-Mail: <u>Please print clearly</u> | | |
| | | |
| Registered in the Parish? () YES () NO | | |
| STATEMENT OF COMM I/WE DESIRE THAT OUR CHILD/REN PARTICIPATE FULLY IN THE O ASSUME OUR RESPONSIBILITIES AS PARENTS/GUARDIANS TO ATT CHILD/REN ATTEND EACH REHEARSAL. I/WE WILL NOTIFY THE OF OF THE SUPPORT TEAM FOR OUR CHILD/REN'S REHEARSALS AND THE DAILY LIFE AND DECISION-MAKING OF OUR FAMILY. | FEND MASS REGULARLY WITH OUR CHILD/REN AND THE FIGE IF OUR CHILD/REN WILL BE ABSENT. I/WE WILL | O MAKE CERTAIN THAT OUR DO OUR PART AS MEMBERS |
| SIGNED: Parent/Guardian | _ SIGNED: Parent/Gua | rdion |
| | r dient/Gua | |

In compliance with Archdiocesan Safe Environment Policies, a Safe Parish trained parent is required for all rehearsals in the church's music ministry space. Parents will be asked to chaperone rehearsals as well as events which take place outside of the regular rehearsals.

Are you Safe Parish trained? __ Yes __ No

PLEASE COMPLETE <u>ALL 3 PAGES</u>.

STUDENT INFORMATION

| student pick up is cor | ducted in the parking lot | e Church's choir space, and in front of the Church carport. | |
|--|--|--|--|
| Child's Full Name : | Birth Date: | Gender: | |
| Place in the Following Group/Grade (Check One): | () 3-5 Grades (Tuesda() 6-8 Grades (Wednesda) | y Rehearsal) sday Rehearsal) | |
| List any health problems, disabilities, allergies, or medi | cations: | | |
| | | | |
| Child's Full Name : | Birth Date: | Gender: | |
| Place in the Following Group/Grade (Check One): | () 3-5 Grades (Tuesda() 6-8 Grades (Wednesda) | | |
| List any health problems, disabilities, allergies, or medi | cations: | | |
| | | | |
| Child's Full Name : | | | |
| Place in the Following Group/Grade (Check One): | () 3-5 Grades (Tuesda() 6-8 Grades (Wednesda) | | |
| List any health problems, disabilities, allergies, or medi | cations: | | |
| | | | |

DISMISSAL PLANS:

Please give us a brief description of your child's dismissal plan from choir:

- □ My child will be attending After Care or another event (please specify)_____
- My child will be picked up (Please provide a description of vehicle(s) that we should be looking for any the end of choir) by (parent/grandparent/babysitter/ etc)

□ Other:

PHOTO/VIDEO RELEASE FORM

Please indicate. I <u>agree</u> <u>do not agree</u> that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

Please indicate. I <u>agree</u> <u>do not agree</u> that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

PLEASE COMPLETE <u>ALL 3 PAGES</u>.

THANKS!

NAMES MUST APPEAR AT THE TOP OF THIS PAGE FOR FILING PURPOSES: Family name:____

EMERGENCY MEDICAL AUTHORIZATION FORM

Emergency Contact (if parents/guardians cannot be reached):_____

Telephone Number: (_____)_____-_____

PART 1: TO GRANT CONSENT:

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

I, the custodial parent/legal guardian of ________(the "Child"), give permission for my Child to participate in the activity described on the Activity Information Form (the "Activity") and release from all liability, indemnify, and hold harmless <u>Our Lady of the Visitation</u> <u>Church and School & the Divine Mercy Family of Parishes</u> (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, or their agents, representatives, volunteers, and employees.

I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying heath concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian

Date

THANK YOU FOR COMPLETING <u>ALL 3 PAGES</u>.

THANK YOU FOR NOTING ANY NEW INFORMATION

Please send completed registration to Our Lady of the Visitation Church, c/o Matt Spencer – Music Director, 3172 South Road, Cincinnati, OH 45248

PLEASE KEEP THIS PAGE FOR THE CALENDAR

ACTIVITY INFORMATION FORM

Completed by Parish/School -- Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

| Parish/School Our Lady of the Visitation - | Church | Program or Group <u>Children's Choir</u> |
|--|---------------------------------|--|
| Starting Date September 5/6, 2023 | Ending Date <u>May 31, 2024</u> | Registration Fee None |
| Usual Location OLV Church & Welcome C | Center Usual day and time T | uesday/Wednesday 3:15-4:30PM |
| Routine Activities <u>Rehearsal for Masses</u> | | |
| Group Leader Mr. Matt Spencer | Telephone No. <u>(859) 8</u> | 801-2594 |
| | (call or text is fine, pla | ease indicate who you are) |

Email: mspencer@olvisitation.org

Regular Duties of the Children's choir includes rehearsals on the appropriate day, 8:30AM Wednesday School Masses, as well as select weekend Masses.

| 3-5 Grade Choir: Rehearsal Tuesdays 3:15-4:30PM | 6-8 Grade Choir: Rehearsal Wednesdays 3:15-4:30PM |
|---|---|
| Parish Welcome Center/Church Music Ministry Space | Parish Welcome Center/Church Music Ministry Space |
| Dismissal from Church Building | Dismissal from Church Building |

LIST OF EXTRA EVENTS:

When singing at a 10AM Sunday Mass, it is important to show up on time for warm-ups. Warm-ups will begin at 9:15 in the Welcome Center. Other dates and events are listed as well. Please notify Matt Spencer if your child cannot make one of these dates.

September 17 – 24th Sunday in Ordinary Time

October 15 – 28th Sunday in Ordinary Time

November 12 – 32nd Sunday in Ordinary Time (*Stewardship Sunday*)

November 26 – Christ the King

December 17 – 3rd Sunday of Advent (Gaudate Sunday)

December 24 – 3:30PM Christmas Eve Mass (Warm-ups begin at 2:15, prelude Music at 3:00)

January 28 – 4th Sunday in Ordinary Time (Catholic Schools Week begins)

March 10 – 4th Sunday of Lent (*Latare Sunday*)

April 7 – Divine Mercy Sunday

May 5 – **12:30PM** First Communion (*Warm-ups at 11:45AM*)

May 28 – 7PM 8th Grade Graduation (*Warm ups at 6:15PM*)

PLEASE KEEP THIS PAGE FOR THE CALENDAR