

Edison Park Lutheran Church

Children's Choir

2018-2019 Registration Form

Chorister Information

Child's Name: _____

Choir: _____ Hosanna _____ Cherub

Age: _____ Date of Birth: _____

Child's Name: _____

Choir: _____ Hosanna _____ Cherub

Age: _____ Date of Birth: _____

Parent's Names: _____

Email: _____

Email: _____

Address: _____

City, State, Zip: _____

Emergency Information

Primary Contact: _____

Cell Phone: _____

Secondary Contact: _____

Cell Phone: _____

Does your child have any allergies or other special needs or concerns?

Check one: _____ Yes _____ No

If yes, explain: _____

Edison Park Lutheran Church has my permission to use my child's photo on their website, promotional materials, social media (ie. Facebook) and in-house slide shows and displays:

____yes _____no

In the event of a medical emergency I give EPLC my consent to secure from a hospital and/or physician any treatment deemed necessary for my child's immediate care. I agree that I will be responsible for any and all expense incurred for such emergency medical care.

Parent Signature: _____

Date: _____