



FIRST UNITED METHODIST CHURCH - ROUND ROCK

YOUTH CHOIR REGISTRATION FORM

Michael Rosensteel, Director of Youth Choir

First United Methodist Church - 1004 N. Mays Street; Round Rock, TX. 78664
michael@fumc-rr.org (512) 255-3336 ext. 140

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth and Age _____ School _____

Grade in the Fall _____

Student Phone # _____ Parent's Phone # _____

Student's email address _____

Parent's email address _____

Emergency Contact Name/Number _____

Please share anything about yourself that will help us know you better.

Does anyone in your household play a musical instrument (include singers)?

Will you volunteer to assist with our music ministry as needed in the following areas?

____ Photography/Videography ____ Other (please specify) _____

****Choir is a performing art, and each choir member is an important member of the team. Consistent attendance will ensure a positive experience for you. Please do your best to facilitate consistent attendance at rehearsals and in worship.***

Medical Release

In case of needed emergency medical treatment, by signing my name below, I hereby give permission to the staff of First United Methodist Church of Round Rock, TX, or anyone acting on its behalf to obtain necessary emergency medical treatment by a licensed physician, hospital, or clinic to the child, as detailed below. In providing this consent, I understand that First United Methodist Church, Round Rock, TX does not have medical staff on campus, and that all decisions regarding the need for emergency treatment will be based upon reasonable judgment of First United Methodist Church or its designee. I release First United Methodist Church and its staff from any and all liability, claims, demands, or causes of action related to any loss, damage, or injury which may occur while my child is attending FUMC Music rehearsals.

Child's first and last name

Parent/Guardian's name

Date (mm/dd/yyyy)

Media Permission/Release Form

By signing my name below, I give First United Methodist Church my permission and consent to photograph the image of my child for use in media products (church-wide, including the website). I understand that my images will be identified by first name only, if at all.

I thereby release and agree to indemnify and hold harmless First United Methodist Church, its staff, volunteers, and successors from any liability, claim, and or/damage from the use of these images for First United Methodist Church literature, websites, and other promotional/recognition uses.

Child's first and last name

Parent/Guardian's name

Date (mm/dd/yyyy)
