



FIRST UNITED METHODIST CHURCH – ROUND ROCK  
ALLELUIA CHORUS CHILDREN'S CHOIR  
REGISTRATION FORM

Jennifer L. Harvill, Music Minister of Children's Choirs  
First United Methodist Church  
1004 N. Mays Street; Round Rock, TX 78664  
jennifer.harvill@fumc-rr.org (512) 255-3336

Chorister Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth and Current Age \_\_\_\_\_ School \_\_\_\_\_

Grade in the Fall \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

Parent's email address \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_

Emergency Contact Number(s) \_\_\_\_\_

Please share anything about your child that will help the music teacher and leaders know her/him better.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Photography/Videography \_\_\_\_\_ Worship Shepherd

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

***Because choir is a performing art, each choir member is an important member of the team. Consistent attendance will ensure a positive experience for your child. "My child and I will do our best to facilitate my child's consistent attendance at music class and in worship."***

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

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, Texas, 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, Texas, 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) \_\_\_\_\_

