

Saint Andrew Catholic Parish Youth Music Ministry 2019-2020

Tuesday Choirs: Children's, Chime

Wednesday Choirs: Choristers, Young Ringers

Tuesdays

Children's Choir
K - 2nd Grade
3:30pm - 4:00pm

Tuesdays

Chime Choir
3rd Grade
3:30pm - 4:00pm

Wednesdays

Choristers
3rd - 8th Grade
3:30pm - 4:15pm

Wednesdays

Young Ringers
4th - 5th Grade
4:15pm - 5:00pm

Child Name(s)

1. _____ 1. _____
2. _____ 2. _____
3. _____ 3. _____

Choir(s) signing up for:

 Children from Saint Andrew School will be picked up directly after school by a Music Ministry Volunteer. Light snacks will be served in the Parish Hall with rehearsals to follow.

- 1. **Registration Form**
- 2. **Choir Polo Order Form**— Check box if you need to order a new polo
- 3. **Signed up for Remind.com**— Allows communication from directors
- 4. **Form A**- Must be filled out for **each** child registered

 There is a \$30 program fee for each child signed up for a Tuesday or Wednesday choir. This fee covers snacks, birthday treats, end of season volunteer gifts, music and equipment.

Students signing up for Wednesday choirs pay one fee for up to 2 choirs

Children's Choir (Tuesday) \$30 _____
Chimes (Tuesday) \$30 _____
Choristers (Wednesday) \$30 _____
Young Ringers (Wednesday) \$30 _____
Choir Polo (If ordering) \$20 _____

6. **Payment Total:** _____ Cash _____ Check # _____

Please make checks out to Saint Andrew Catholic Parish. In memo line- write child's name and choir(s)



→ Child Information

Child's Name _____ Choir(s) _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

Child's Name _____ Choir(s) _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

Child's Name _____ Choir(s) _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

→ Parent Information

Parent/Guardian _____

Cell Phone # _____ Email Address _____

Parent/Guardian _____

Cell Phone # _____ Email Address _____

In case of emergency, call (if it is someone other than parent(s) listed above)

Name _____ Phone # _____

→ Choir Pick up Information

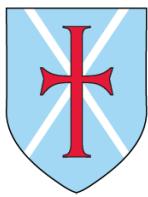
Please check the box indicating how your child will be dismissed from choir

- My child (who attends Saint Andrew School) will be taken to after school care
- Parents/Guardians will pick up
- The following designated person(s) will pick up my child:

Do NOT release my child to: _____

→ How did you hear about the choirs

- Returning Choir member
- Wildcat newsletter
- Church bulletin
- Website
- Other (Please list) _____



Saint Andrew Catholic Parish Youth Music Ministry 2019-2020

Sunday Choirs: Junior High Bells, High School Bells

Sundays

Junior High Bells
6th - 8th Grade
6:45pm - 7:45pm

Sundays

High School Bells
9th - 12th Grade
7:45pm - 9pm

Student Name(s)

1. _____
2. _____
3. _____

Choir(s) signing up for:

1. _____
2. _____
3. _____



Bell Choir rehearsals are in the church

- 1. **Registration Form**
- 2. **Choir Polo Order Form**– Check box if you need a shirt
- 3. **Signed up for Remind.com**– Allows communication from director
- 4. **Form A**- Must be filled out for **each** student registered

 **There is a \$45 program fee for each student signed up for a Sunday choir.**
This fee covers pizza, birthday treats, end of season volunteer gifts, music and equipment.

Junior High Bells (Sunday) \$45 _____

High School Bells (Sunday) \$45 _____

Choir Polo (If ordering) \$20 _____

6. **Payment Total:** _____ Cash _____ Check #_____

Please make checks out to Saint Andrew Catholic Parish.

In memo line- write student's name and choir(s)



→ Student Information

Student's Name _____ Choir _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

Student's cell # _____ Student's email _____

Student's Name _____ Choir _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

Student's cell # _____ Student's email _____

Student's Name _____ Choir _____ Birthday _____

Food Allergies, if any _____

School _____ Grade _____ Teacher _____

Student's cell # _____ Student's email _____

Parent Information

Parent/Guardian _____

Cell Phone # _____ Email Address _____

Parent/Guardian _____

Cell Phone # _____ Email Address _____

In case of emergency, call (if it is someone other than parent(s) listed above)

Name _____ Phone # _____

→ Choir Pick up Information

This year, to create a safer environment after rehearsal, we will have a music ministry volunteer at the side entrance waiting with the youth until they are picked up. We ask that the ringers stay with the volunteer until their ride arrives.

→ How did you hear about the Jr High/High School Bell Choir

- Returning Choir member
- Wildcat newsletter
- Church bulletin
- Website
- Other _____



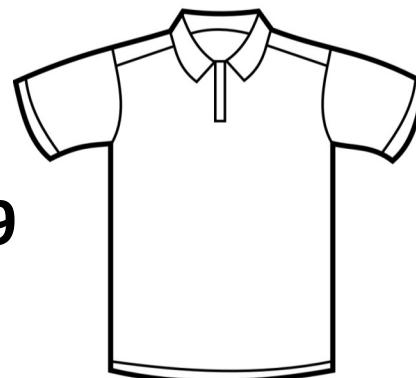
Tuesday Choirs: Children's, Chimes

Wednesday Choirs: Choristers, Young Ringers

Sunday Choirs: Junior High Bells, High School Bells



2. Choir Polo Order Form



2019

2020

The embroidered Choir Polo shirts are worn whenever the choirs sing/ring at **Mass or Concerts**

Tuesday Choirs: Children's, Chimes

Wednesday Choirs: Choristers, Young Ringers

Red Choir Polo

Boys: Blue or Khaki pants

Girls: Blue or Khaki pants / skirts

Sunday Choirs: Junior High Bells, High School Bells

Black Choir Polo

Boys: Khaki pants

Girls: Khaki pants / skirts

Youth Sizes: S (6-8)

M (10-12)

L (14-16)

XL (18-20)

Adult Sizes: S

M

L

XL

Child's Name _____ Shirt Color _____

Choir Name _____ Youth or Adult Size (Circle one) Shirt size _____

Child's Name _____ Shirt Color _____

Choir Name _____ Youth or Adult Size (Circle one) Shirt size _____

Child's Name _____ Shirt Color _____

Choir Name _____ Youth or Adult Size (Circle one) Shirt size _____



The cost of the Choir Polo is \$20.00.

A limited number of gently used Choir Polos are available in some sizes for **\$10.00**.

Payment Total: _____

Cash _____ Check # _____ Credit Card _____

Please make checks out to Saint Andrew Catholic Parish. In memo line-write child's name and choir(s)



→ remind What is Remind.com

Remind.com is a safe, free way for Saint Andrew Music Ministry directors to send messages to parents of children in all of the choirs. Jr High and High School Bell Choir students may sign up as well. This notification system will be used to keep parents informed about schedules, updates and cancellations. You can choose to receive messages by text, email, or with their app. Remind.com keeps all phone numbers and email addresses private and does not rent, share, or sell your personal data. If you would like more information, please visit their website-www.remind.com

→ How do I sign up – 3 choices

1. Text- Join directly via text. Participants text a class “**@code**” to the Remind phone number (**81010**)

Children's Choir (Tuesday) - **@6fk4k** to 81010

Chime Choir (Tuesday) - **@Chimers** to 81010

Choristers (Wednesday) - **@40229** to 81010

Young Ringers (Wednesday) - **@youngr** to 81010

Jr. High School Bells (Sunday) - **@jhbe** to 81010

High School Bells (Sunday) - **@8bae17** to 81010

2. Email- Join online. Visit remind.com/join and enter the **class code** and your **email address**.

Children's Choir (Tuesday) - **6fk4k**

Chime Choir (Tuesday) - **Chimers**

Choristers (Wednesday) - **40229**

Young Ringers (Wednesday) - **youngr**

Jr. High School Bells (Sunday) - **jhbe**

High School Bells (Sunday) - **8bae17**

3. Download remind app- Available on iOS and Android devices. Once you download Remind, you will create an account and join a class by tapping “Join a class”. Enter the **class code** after the “@” symbol.

Children's Choir (Tuesday) - **6fk4k**

Chime Choir (Tuesday) - **Chimers**

Choristers (Wednesday) - **40229**

Young Ringers (Wednesday) - **youngr**

Jr. High School Bells (Sunday) - **jhbe**

High School Bells (Sunday) - **8bae17**

Form A - Annual Youth Ministry Parental Liability Waiver, Permission and Medical Information

Catholic Diocese of Fort Worth and/or the Parish of *

Saint Andrew Catholic Parish

Youth Participant's Name *

Birth Date *

Sex *

Male Female

Month

Day

Year

Parent/Guardian Name *

Home Address *

(Please enter Street Address, City, State, Zip Code)

Cell Phone *

Texting *

Yes No

E-mail of Youth Participant *

Emergency Contact Name (other than parent/guardian) *

Relationship to the YOUTH PARTICIPANT *

Primary Phone Number *

Texting *

Yes No

Insurance Information

Is the participant insured? *

Yes No

Name of Policy Holder (whose name is the policy in)

Insurance Carrier/Name of Insurance Co

Policy Number

Insurance ID Number

Claim Address

(Please enter Street Address, City, State, Zip Code)

Customer Service Phone
Number

Medical Information

Prescriptions and Medications: *

- This child takes no medication and will bring no medication with him/her.
- This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.
- This child takes medication(s) and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below: (you may attach a sheet to this form if you need more space just make sure to sign and date it as well).

Names of medications and exact dosage and frequencies/times

Over-The-Counter Medication Permission: *

- No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.
- I grant permission for the following nonprescription medication to be given to this child in the recommended dosage on the medication bottle.

Non-aspirin pain reliever: *

- Yes
- No

Throat Lozenge: *

- Yes
- No

Decongestant: *

- Yes
- No

Antacid: *

- Yes
- No

Antihistamine: *

- Yes
- No

1. Allergic reactions (medications, foods, plants, insects, etc.): *

Please put NONE, if it do not apply.

2. Any physical limitations *

Please put NONE, if it do not apply.

3. Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition. *

Please put NONE, if it do not apply.

4. Please describe any other special medical or non-medical conditions of the child? *

Please put NONE, if it do not apply.

Release/Indemnification Information

PARENT/GUARDIAN grants permission for YOUTH PARTICIPANT to participate with the various programs and activities of the Diocese of Fort Worth and/or the PARISH beginning the 1st day of June, 2019 and continuing through the 31th day of May, 2020. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the PARISH and/or the Diocese of Fort Worth. This permission and liability waiver will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth and/or the PARISH. A separate FORM B Consent to Participate and Consent to Emergency Medical Treatment must be filled out and turned in to accompany this form per each program and/or activity.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

I agree on behalf of myself, the above named YOUTH PARITICIPANT, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to the negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered to the PARISH and by certified mail, return receipt requested, to: **The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108**, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials, including websites and social media sites, are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Social Media Release

The Diocese of Fort Worth utilizes today's technology in a positive way to reach out to the youth of the Diocese, including Facebook email, and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the Diocese may be made available to any parent upon request. If you do not allow your son/daughter to text, Facebook, or use other social media, there will be no expectation that they do so in order to participate in certain youth ministry events. However, the Diocese cannot guarantee that photos, videos or other communications of your son/daughter from diocesan and/or parish events will not be uploaded to a social media site.

To the best of my ability, everything I have stated here is true and accurately reflects my wishes.

Parent/Guardian/Conservator Signature *

Date

Month Day Year

