St. Gregory the Great Family of Parishes
Guardian Angels Church - Children's Choir
Children's Choir Registration Form 2026-2027

Family Name: _____

Mother's Name: _____ Maiden Name: _____

Home Address

Street:_____

City: _____Zip: _____

Phone: (____) _____-_____

Email: _____

Father's Name: _____

Home Address

Street:_____

City: _____Zip: _____

Phone: (____) _____-_____

Email: _____

STATEMENT OF COMMITMENT *(Please read carefully)*

I/WE DESIRE THAT OUR CHILD/REN PARTICIPATE FULLY IN THE GUARDIAN ANGELS CHILDREN'S CHOIR PROGRAM. I/WE WILL ASSUME OUR RESPONSIBILITIES AS PARENTS/GUARDIANS TO ATTEND MASS REGULARLY WITH OUR CHILD/REN AND TO MAKE CERTAIN THAT OUR CHILD/REN ATTEND EACH REHEARSAL. I/WE WILL NOTIFY THE OFFICE IF OUR CHILD/REN WILL BE ABSENT. I/WE WILL DO OUR PART AS MEMBERS OF THE SUPPORT TEAM FOR OUR CHILD/REN'S REHEARSALS AND SERVICES.

Signature: _____ **Signature:** _____

☐ Check this box if you have opted to provide an e-signature ☐ Check this box if you have opted to provide an e-signature

In compliance with Archdiocesan Safe Environment Policies, a second parent who has completed the Archdiocesan "Safe Parish" training is required for all activities of the choir. Parents will be asked to chaperone rehearsals as well as events which take place outside of the regular rehearsals. A sign-up genius will be created for each choir.

Are you Safe Parish trained? ☐ Yes ☐ No

PLEASE COMPLETE ALL 3 PAGES.

STUDENT(S) INFORMATION

When completing this page, multiple children may be registered:

Child's Full Name: _____

Birth Date: _____ Gender: ☐ Male ☐ Female

Grade:_____ Prior Musical Experience: _____

_____

List any health problems, disabilities, allergies, or medications:

_____

_____

Child's Full Name: _____

Birth Date: _____ Gender: ☐Male ☐Female

Grade:_____ Prior Musical Experience: _____

_____

List any health problems, disabilities, allergies, or medications:

_____

_____

Child's Full Name: sadf

Birth Date: asdf Gender: ☐Male ☐Female

Grade:_____ Prior Musical Experience: _____

_____

List any health problems, disabilities, allergies, or medications:

_____

_____

Child's Full Name: _____

Birth Date: _____ Gender: ☐Male ☐Female

Grade:_____ Prior Musical Experience: _____

_____

List any health problems, disabilities, allergies, or medications:

_____

_____

DISMISSAL PLANS:

Children will be dismissed from rehearsal and should be picked up from the GA Church Gathering Space Please give us a brief description of your child's dismissal plan from choir. Please include who will be picking up your child and what make, model, and color of vehicle will be picking them up: _____

_____

_____

PHOTO/VIDEO RELEASE FORM

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

PLEASE COMPLETE ALL 3 PAGES.

EMERGENCY MEDICAL AUTHORIZATION FORM

Emergency Contact (if parents/guardians cannot be reached): _____
Relationship: _____
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 St. Gregory the Great Family of Parishes, Guardian Angels Parish and School, Immaculate Heart of Mary Parish and School, St. John Fisher Parish, and St. Jerome Parish, the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for 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, all parishes and schools within 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 _____

☐ Check this box if you have opted to provide an e-signature

THANK YOU FOR COMPLETING ALL 3 PAGES.

Please return completed forms back to your parish's office
c/o Matt Spencer, Associate Director of Worship
You may also email the form to: **matts@sggparish.org**

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 St. Gregory the Great Family of Parishes – Guardian Angels Church
Program Group Children's Choir
Starting Date September 2, 2026 Ending Date May 31, 2026 Registration Fee None
Usual Location GA - Old Music Room/Church Usual day and time: Wednesdays 3:00 - 4:00PM
Routine Activities Rehearsals at Guardian Angels, Tuesday Masses (8:15AM) at GA, and selected Parishes indicated below.
Group Leader Mr. Matt Spencer **Telephone:** (513) 624-3149
Email: mspencer@sggparish.org

CHOIR ATTIRE IS A WHITE DRESS SHIRT/TOP, BLACK BOTTOMS.

Date	Time	Event
9/27/2026	10:00AM	Feast of the Guardian Angels (Parish Picnic After)
11/1/2026	10:00AM	Solemnity of All Saints (*With Adult Choir*)
11/21/2026	3:30PM	Christ the King
12/24/2026	3:00PM	Christmas Eve Mass
1/31/2027	10:00AM	Catholic Schools Week Mass
3/20/2027	3:30PM	Palm Sunday Mass
4/18/2027	10:00AM	Good Shepherd Sunday
5/17/2027	10:00AM	Pentecost Mass (*With Adult Choir*)

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