

Catholic Community of Pleasanton  
**Music Ministry**  
**St. Elizabeth Seton Church**  
4001 Stoneridge Drive  
Pleasanton, CA 94566  
(925) 484-5020



# Annual Parent Permission Form

Complete this form at time of registration.

This form will be retained by the Music Director

September 1, 20\_\_\_\_ to August 31, 20\_\_\_\_

Name of Choir Member \_\_\_\_\_ Choir(children,teen/youth)

Address Home \_\_\_\_\_ Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Fall 20\_\_\_\_ School \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone(s) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone(s) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Yes  No Initials \_\_\_\_\_ **Permission for Trips:** My child/ward has permission to travel to, attend and participate in choir sponsored activities that are 1) located within one hour's driving time of the regular practice place, 2) not exceeding 6 hours, and 3) not considered high risk activities.

Yes  No Initials \_\_\_\_\_ **Permission to Use Photographs:** I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child/dependent may be used by Catholic Community of Pleasanton for Public Relations and Publicity purposes. I understand that his/her last name and residence will not be used for publicity purposes.

Yes  No Initials \_\_\_\_\_ **Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Catholic Community of Pleasanton to seek treatment for my child and/or dependent minor by a licensed physician pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I know of no reason(s) why my child/dependent may not participate in prescribed activities except as noted below in Special Accommodations. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Special Accommodations: My child/ward requires the following special accommodations (write "none" if there are none): \_\_\_\_\_

Parent Agreement: I have read and understand this Annual Parent Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing to the Music Director.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_