



**Catholic Community of Pleasanton**  
*Youth, WOV (With One Voice), Teen Choir (under 18)*  
**Registration Form**

*Circle one: new / returning*

*Circle one grade: 9, 10, 11, 12*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you play a Musical instrument? Y / N. If so what Instrument \_\_\_\_\_ # of Years? \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Special Conditions /Allergies/Comments \_\_\_\_\_

Parent/Guardian First name \_\_\_\_\_ Parent/Guardian Last name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

I wish to participate in the following support role(s)

- |                                                     |                                                  |                                                     |
|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| Refreshments/Social Events <input type="checkbox"/> | Recruitment <input type="checkbox"/>             | Seasonal Attire/Dress Code <input type="checkbox"/> |
| Rehearsal Parent <input type="checkbox"/> (*)       | Set-up/Breakdown <input type="checkbox"/>        | Communications Coordinator <input type="checkbox"/> |
| Assistant Director <input type="checkbox"/>         | Student Director <input type="checkbox"/>        | Project Management <input type="checkbox"/>         |
| Music Librarian <input type="checkbox"/>            | Archivist <input type="checkbox"/>               | Desktop Publishing <input type="checkbox"/>         |
| Sound / Tech <input type="checkbox"/>               | Web / Social Networking <input type="checkbox"/> | Data Entry <input type="checkbox"/>                 |
|                                                     |                                                  | Other <input type="checkbox"/> _____                |

I/We the Parents/Guardian of the above named Singer hereby give My/Our approval to participate in any and all parish choir activities. I/We also understand that I/We are required to assist the Music ministry in a support role in order to have an active, successful program. I/We will participate in the role(s) as indicated above and will also provide My/Our child(ren) with the necessary support from home so as to enable a positive Music Ministry experience.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Additional Sibling Participants***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_

Do you play a Musical instrument? Y / N. If so what Instrument \_\_\_\_\_ # of Years? \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Special Conditions / Allergies / Comments \_\_\_\_\_

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## ***Second Parent/Guardian Support Role Participation***

Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

I wish to participate in the following support role(s)

- |                                                     |                                                  |                                                     |                                          |
|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| Refreshments/Social Events <input type="checkbox"/> | Recruitment <input type="checkbox"/>             | Seasonal Attire/Dress Code <input type="checkbox"/> |                                          |
| Rehearsal Parent <input type="checkbox"/> (*)       | Set-up/Breakdown <input type="checkbox"/>        | Communications Coordinator <input type="checkbox"/> |                                          |
| Assistant Director <input type="checkbox"/>         | Student Director <input type="checkbox"/>        | Project Management <input type="checkbox"/>         | Section Captain <input type="checkbox"/> |
| Music Librarian <input type="checkbox"/>            | Archivist <input type="checkbox"/>               | Desktop Publishing <input type="checkbox"/>         | Data Entry <input type="checkbox"/>      |
| Sound / Tech <input type="checkbox"/>               | Web / Social Networking <input type="checkbox"/> | Other <input type="checkbox"/> _____                |                                          |
- 

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_