## Parental Consent Form and Parent/Student Contract SRN Youth Choirs 2025-2026

Child			
Age	Grade	Birth date	
School		Teacher	
Parent(s)			
Address			
City/State/Zi	ip		
E-mail			
		(Additional #)	
Please list a	ıny allergies, medic	ations, or learning issues: Parental Consent	
Parish I ag any associat accident, inju- connected w Parent's Sig	gree to hold the Dio ted agencies and p ury, disability or dan vith his/her participa nature:	child to join the Music Program of St. Robert of Newminscese of Grand Rapids Mi., St. Robert of Newminster Chersons free of liability and waive any claims for paymen mages to the person or property of the child arising out ation in any activity related to the Music Program.	nurch and It for
		taken of my child to be used for church-related publicity.	-
Initials:			
for my child		ers at SRN to secure emergency medical or surgical tre- ne medical care as needed if I am not present and there	
Initials:			

## \*\*BOTH MUST SIGN!

*** I promise to participate fully in one of the	ll times, be pleasant to Mrs. VanHouten,
4. Chorister signature:	
***I promise to support my child in his/her participation in the	ts, and helping them
5. Parent signature:	
Please return to Mrs. VanHouten at the parish office, via email (janev@stro off form at the SRN school office.	bertchurch), or drop