



*St. Kevin's Youth & Family Ministry*

## **Youth Choir Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_