



Choir Enrollment Form 2010 - 2011

Today's Date _____

I am joining choir today I am just visiting choir today Guest of _____

STUDENT PROFILE:

Name _____ Birth Date _____ Height: _____ T-shirt size _____

Home Address _____

City _____ Zip _____

Home Phone # _____ Cell # _____ E-mail _____

Favorites: ice-cream _____ music/band _____

college team _____ radio station _____

Your hobbies _____

CHOIR PROFILE:

Areas of Interest: Solos Ensembles Dance Drama

Instruments (specify) _____

SCHOOL PROFILE:

School you attend: _____ Grade _____

Do you sing in your school choir? Yes No If yes, who is your teacher? _____

Do you play in your school band? Yes No If yes, who is your teacher? _____

What are your extracurricular activities/sports other than choir and/or band? (TNT, peer helping clubs, etc.) _____

FAMILY PROFILE:

Dad's Name: _____ Dad's work # _____ Dad's cell# _____

Mom's Name: _____ Mom's work # _____ Mom's cell# _____

Dad's e-Mail: _____ Mom's e-mail: _____

Who do you live with? _____

CHURCH PROFILE:

Are you a HSBC Church Member? Yes No

If no, are you a church member somewhere else? Yes No

If yes, where? _____

HSBC Sunday School Member? Yes No If yes, what class? _____

➔ *If you are joining Higher Ground, please complete and sign the back page of this form.*

Mission Statement

Middle school students united to share new life in Christ through music and the arts.

Membership Statement

- *As a member of Higher Ground, I understand that I represent Jesus Christ, the Hunter Street Student Ministry, and Higher Ground Choir as a whole.*
- *As my testimony, and in gratitude for God's goodness, I prayerfully pledge to honor God by giving Him my best at all times.*
- *As a member of Higher Ground, I am publicly declaring that there is nothing more important than continually embracing Jesus Christ as Savior, Lord, and Treasure of my life. I believe Jesus Christ died for sinners so that we might be saved by receiving and resting on Him alone for salvation as He is offered in the Scriptures. Outside of Jesus alone, there is no way, no truth, and no life.*
- *To strengthen my witness and my effectiveness as a Christ-follower, I call on the Holy Spirit to help me maintain an active and growing daily relationship with Jesus Christ through prayer and Bible study.*
- *I understand that Higher Ground is a team, a body of many parts (persons). Not one part (person) is unimportant or unnecessary. Therefore, I will love, encourage, respect, support, and build-up other choir members and adult leaders without exception.*
- *I will make every effort to faithfully attend all choir rehearsals, performances, and special events. We are a team and none of us can do what all of us can do - and my role is crucial in accomplishing our mission.*
- *I will regularly attend Sunday school and worship services throughout the choir year.*
- *I will abide by the rules and standards for conduct/behavior as established by Hunter Street Student Ministry and Higher Ground Choir.*
- *I will continually support the mission of the Hunter Street Student Ministry and Higher Ground Choir at school, at work, at home, and at church by participating, praying, encouraging, and recruiting.*

Student Signature _____

Date _____

Higher Ground Student Mission Tour 2011 Application

Please complete all information in this application, including all parent and student signatures.
An incomplete application/covenant may forfeit your eligibility for the tour. Completion of this application does not necessarily guarantee a spot on the 2011 mission tour project.

Name _____ Nickname _____

Address _____

City _____ Zip Code _____

Home # _____ Cell # _____ Birthday _____ Grade _____ Age _____

E-mail Address _____ Tour Shirt Size _____

Dad's Name _____ Mom's Name _____

Dad's E-mail _____ Mom's E-mail _____

Dad's Cell # _____ Mom's Cell # _____

Are you a member of Hunter Street? _____ Teacher's Name _____

List any other mission trips/tours you have participated in. _____

Please indicate all other church ministries that you are presently active in. _____

Do you have any musical experience? _____ Vocal? _____ Instrumental? _____

Why do you feel God is calling you to be a part of this particular mission tour? _____

Briefly describe who Jesus Christ is to you (including how you came to know Him personally.) _____

Have you been baptized by emersion since trusting Christ as your Savior? _____

Give an example of a time you shared your faith in Christ with a non-believer. _____

What would be your response if someone asked you, "What does it mean to be a Christian?" _____

Do you know what your spiritual gifts are? _____

If yes, please circle: Exhortation Prophecy Giving Leadership
Teaching Evangelism Mercy Service

Signatures and Commitments

Evangelism Training Commitment

Knowing that I will be sharing the Gospel in spoken word and in outreach concerts, I understand that I will be held accountable for all discipleship and evangelism training materials presented during Discipleship and family group times.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Accountability Commitment

As a participant in this year's mission tour, I understand that I am held to a higher standard of accountability. I also understand that my behavior is a reflection of my spiritual walk. Knowing this, I will endeavor to live a life that is pleasing to the Lord. In the event that my behavior comes into question, I understand that ministerial staff may be called upon to review my status as a mission tour participant. I also understand that the illegal use of alcohol, drugs or tobacco will result in my removal from the trip.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Homecoming Concert Commitment

I understand that Hunter Street is making a significant investment in my life both spiritually and financially. I will commit to participate in the Homecoming Concert on Wednesday, March 16, 2011, where I will celebrate the results of the trip and express thanks to my church.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Commitment to Follow and Uphold all Expectations

I understand that by my signature, I am agreeing to all requirements listed in this covenant. If I fail to meet or uphold any of the expectations listed above, before or during the trip, I understand that I may be forfeiting my opportunity to serve God on this mission endeavor.

Student Signature _____ Date _____

Parent Signature _____ Date _____

**Hunter Street Baptist Church
Parental Consent, Certification, and Medical Authorization**

Child's Name _____
 Father's Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Date of Birth _____
 Mother's Name _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Doctor's Name _____

Doctor's Phone _____

Name of Insured _____
 Policy Number _____

Carrier _____
 Group Number _____

Known Allergies _____

List any medication or drugs taken regularly _____

LOCAL Relative or friend to notify in case of an emergency and we cannot locate parents

Name _____ Phone _____

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Hunter Street Baptist Church for the calendar year 2011. I fully release Hunter Street, its authorized representatives and staff from all liability of any kind and character upon any claim, demand or cause of action which might be asserted in our behalf against said church, representatives or staff. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participating in any activity which they have any question about for health or other reasons.

I hereby allow photographs and video of my participation in Hunter Street Student events to be published via print, video or website which are affiliated with Hunter Street Baptist Church. I understand that publications may be accomplished electronically via the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing it without my consent. I waive any claim for damages against Hunter Street Baptist Church from the un-consented-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

A photocopy of this Authorization shall have the same effect as the original.

 Signature of Parent/Legal Guardian

Date _____

State of Alabama, County of _____

Subscribed and sworn to before me on this _____ day
 of _____, 20____.

My commission expires _____

 Notary Public



2011 Student Release & Permission Form

(Please fill out this form **COMPLETELY**, for your child's safety!)

Student's Name _____ DOB _____

Current Medications (please list) _____

Current Medical Conditions (please be specific) _____

Insurance Information:

Policy Holder _____ Holder's Place of Employment _____

Medical Insurance Company _____ Group # _____

Contract # _____ Effective Date _____

Prescription Card Information:

Prescription Carrier _____ Policy Holder _____

ID/Contract # _____ Effective Date _____

(I UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY THE CHURCH OFFICE IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR.)

Immunizations: Tetanus (year _____) Polio MMR DPT
 Hepatitis B Meningococcal

History: Asthma Sinusitis Bronchitis Kidney Trouble Other
 Diabetes Dizziness Hay Fever Heart Trouble

Previous operations or serious illnesses _____

Special diet (be specific) _____

Release for Over-the-Counter Medications

Advil Tylenol Sudafed Clean wounds with Hydrogen Peroxide Claritin
 Aleve Tums Pepto-Bismol Neosporin Benadryl Zyrtec Pepcid Zantac

Allergies (list type, be specific)

Food _____

Penicillin or other drugs (name) _____

Insect stings or bites _____

Poison sumac, oak or ivy _____

Photo and Video Permission

I hereby allow photographs and video of my child's participation in the Hunter Street Student and Magnification Ministry events to be published via print, video or website which are affiliated with Hunter Street Baptist Church. I understand that publications may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing it without my consent. I waive any claim for damages against Hunter Street Baptist Church from the un-consented-to use, alteration or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

Signature of Parent/Guardian _____

Date _____

MISSIONLAB RELEASE FORM

Name: _____

Age: _____ Grade: _____ Sex: _____ T-Shirt Size: _____ (adult size)

Street Address: _____

City: _____ State: _____ Zip: _____

Group Name: _____

Group Leader: _____

In Emergency Notify/Relationship: _____ Tel: _____

Physician: _____ Tel: _____

Insurance Company: _____

Tel: _____ Policy #: _____

Are there any medical concerns that MissionLab should be aware of? ___ NO ___ YES

If Yes, please explain: _____

Release of Liability/Video Permission

I do not hold MissionLab or New Orleans Baptist Theological Seminary liable for any injuries, accidents, or illnesses incurred during this trip. I am fully aware of the risks involved in the activities I will be participating in. I understand that I am responsible for the expenses of my medical care and that my insurance is primary. No other insurance is provided. Furthermore, I give my permission for MissionLab or any of its agencies to use pictures, videos, or audio obtained during the mission experience in promotional or other materials as deemed necessary.

Guardian Signature: _____ Print Full Name: _____ Date: _____

*****Notorization Required*****

Be it known, that on this _____ day of the month of _____, 20_____, before me, the undersigned authority, personally came and appeared _____, to me personally known and known by me to be the person whose genuine signature is affixed to the foregoing document, who signed and said document before me and in the presence of the two witnesses whose names are thereto subscribed as such, being competent witnesses, and who acknowledged, in my presence and in the presence of said witnesses, that he signed the above and foregoing document as his own free act and deed and for the uses and purposes therein set forth and apparent.

In witness whereof, the said appearer has signed these presents and I have hereunto affixed my hand and seal, together with the said witnesses on the day and date first above written.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public