

CCCMIW Children's Choir & Handbell Choir - Fall 2026

Student Information

Student Name _____
Home Address _____
City _____ State _____ Zip _____
Age _____ Birth date _____ Gender _____ Current Grade in school _____
Current School _____ Does your child play an instrument? ☐ Yes ☐ No
What instrument(s)? _____ How many years? _____
Name of Home Church, if applicable _____

Parent/Guardian Information

Mother's Name _____ Home Phone _____ Cell Phone _____
Father's Name _____ Home Phone _____ Cell Phone _____
email _____
Who may pick up this student at the end of each rehearsal? Name(s) _____

Medical Information

Does your child have any food/drug allergies? ☐ Yes ☐ No If yes, please explain: _____
Is your child currently taking any medication? ☐ Yes ☐ No If yes, please explain: _____

Emergency Contact Information

Name _____ Phone _____
Health Care Provider _____ Medical Policy # _____
Name of Physician _____ Phone _____

MEDICAL AND LIABILITY RELEASE FORM

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give permission to the physician selected by CCCMIW and camp leadership to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

LIABILITY RELEASE

Every activity sponsored by CCCMIW is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent(s) or guardian(s) agree to assume and accept all risks and hazards inherent in camp-related social activities. They also agree not to hold CCCMIW or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/Guardian's Signature _____ **Date** _____

Please return registration form by **September 10, 2026**
Make checks payable to "CCCMIW"