

# CCCCMIW Children's Choir & Handbell Choir - Spring 2022

## 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 January 30, 2022

Make checks payable to "CCCCMIW"