

Inviting all students in Kindergarten through 6th Grade HANDBELL & CHILDREN'S CHOIR

Rehearsal Schedule: Thursdays @ 4:45PM to 6:15PM February 23 through May 4

Rehearsal Location: Hope Lutheran Day School 55 SanFernando Way Daly City 94015

Instructors: Dr. Florence Fong Mrs. Stella Hau *Spring Recital & May Worship details to come

ONE TIME REGISTRATION & COURSE FEE: \$120.00

Please make checks payable to CCCMIW

Please mail registration forms to P.O. Box 6429 San Mateo, CA 94403 OR email to <u>florence@cccmiw.org</u>

中華基督教會



Chinese Christian Church Music Institute for Worship

CCCMIW Children's Choir & Handbell Choir - Spring 2023

Student Information

Student Name	
Home Address	
	State Zip
Age Birth date	Gender Current Grade in school
Current School	Does your child play an instrument? Yes No
	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
Is your child currently taking any medication?	Yes	No

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 _____

If yes, please explain: _____

If yes, please explain:

Please return registration form by February 22, 2023 Make checks payable to "CCCMIW"