CHOIR CLUB REGISTRATION 2020-2021 Please Print Name Date of Birth// Address	Please email completed forms to Kathy Evans at kathye@cookevillefumc.org or mail to FUMC 165 E. Broad St. Cookeville, TN 38501 Attention: Kathy Evans All registrations must be received by FUMC ASAP.				
CityZip					
PhoneSchool	Grade				
Parent/GuardianCell #	ent/GuardianCell #				
Family Email Address					
Best number to receive text messages					
Permission is granted to use photos of my child for FUMC	Construction Music Ministry publicity:				
T-Shirt SizeYes	No ation				
Fall 2020					
Kindergarten and First Grade: Please ind	licate 1 st , 2 nd , 3 rd Choice				
Orff and Instrument Ensembl	e K-1 st				
Drumming for K-1 st					
Keyboard Class for K-1 st					
Grades 2 through 4: Please ind	licate 1 st , 2 nd , 3 rd Choice				
Orff and Instrument Ensemble 2-4					
Drumming for 2 – 4					
Keyboard Class for 2 – 4					
Ukulele for 2- 4					

Choir Club Medical Form 2020-2021

CONSENT FOR MEDICAL/EMERGENCY TREATMENT

In presenting my child for diagnosis and treatment, I, For

(Parent's Name) (Student's Name) of _____years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of child's condition.

I have read this form and I certify that I understand its contents. I hereby give my consent to the Choir Directors (Kathy Evans/Kevin Salter, Cass Roberts) or Parent Volunteers to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. This permission will be effective from September 2, 2020 through August 31, 2021.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name	neHome Phone			
Address_		City	St	Zip
Name an	d Address of InsuranceCarrier			
Group #_		Policy #		
Family D	Octor		phone	
Any special Medical Conditions				
Date of last Tetanus BoosterAny Current Medications				
<u>Choir Directors or Parent Volunteers have my permission to give</u> regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my child. Please dispense <u>1</u> tablet or <u>2</u> tablets.				
	No permission is given to adn	ninister acetaminophen.		
Parent S	ignature		Date	

Emergency Numbers: PLEASE PROVIDE CONTACT NUMBERS

Dad Cell	 	
Mom Cell	 	
Emergency Contact Person	 	
Phone		

CHOIR CLUB VOLUNTEER FORM

Each family is asked to complete a volunteer form 2020-2021

NAME		CELL	
Email_			
		Age/Grade	
		Age/Grade	
Child 3		Age/Grade	
		Please volunteer for at least one activity	
<u>Mom</u>	Dad	Parent Support teams	
		Robe Parent – for recording dates. Assist children with finding a robe, hang up robes and spray with Lysol Spray. 4:15-5:15 September 23, November 11, December 2, December 9	
		Park Parent – for the Sundays in the Park. Assist with getting the children off and on the stage, to and from their parents. Sundays September 20, October 25	
		Recording Parent – assist on the Wednesdays when we record so that the recording process runs smoothly. 4:15-5:15 September 23, November 11, December 2, December 9	

Thank you! Our volunteers are so important to the success of our Children's Choir Ministry!!

Kathy Evans <u>kathye@cookevillefumc.org</u>