



Cantabella Children's Chorus

Emergency Form 2008-2009

*** Please complete a separate emergency form for each child in the program. ***

CHILD:

Last Name

First Name

Child lives with: Mother Father Both parents Other _____

Child's Home Address _____

Phone _____

Class: (circle)

CTC-1L CTC-1P
 CTC-2L CTC-2P
 CTC-3L CTC-3P
 Cantabella: CCC-L CCC-P
 Chamber: CH-L CH-P

FATHER:

Last Name

First Name

() _____
Home Phone Number

() _____
Work Phone Number

() _____
Cell/Pager Number

MOTHER:

Last Name

First Name

() _____
Home Phone Number

() _____
Work Phone Number

() _____
Cell/Pager Number

EMERGENCY CONTACT: Should an emergency arise during rehearsal and you cannot be reached, whom should we contact?

Name

Phone Number

Relationship to child

Cantabella Children's Chorus does not carry medical insurance for its students. It is required that all students be covered by their own family insurance policies and if injury occurs, it is understood that the student's own policy is your only source for reimbursement, and that CCC and its faculty, principles and directors are released from all liability.

Physician's Name

Phone Number

Insurance Carrier

Group Number / ID Number

Medical Alert

Medications

Please list any allergies, medications, physical/mental disabilities or other aspects of your child's health of which we should be aware:

EMERGENCY RELEASE: Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize CCC and/or an adult assistant of the CCC to procure medical, hospital, or dental care for my child in the event of injury or illness, while my child is in the care of the above. I understand and agree that I am financially responsible for any care so procured.

Parent Signature / Date

Parent Signature / Date