

CHOIR CLUB REGISTRATION 2008-2009

FIRST UNITED METHODIST CHURCH
COOKEVILLE, TENNESSEE 38501

931-526-2177

MUSIC@COOKEVILLEFUMC.ORG

Please Print

T-Shirt Size _____

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ School _____ Grade _____

Parent/Guardian _____ Cell/Work _____

Email Address _____

Emergency Contact _____ Phone _____

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**CHOIR CLUB VOLUNTEER FORM
2008 - 2009**

NAME _____ **PHONE** _____

Email _____ **Cell** _____

Singer's name _____ **Age/Grade** _____

Child 2 _____ **Age/Grade** _____

Child 3 _____ **Age/Grade** _____

Please volunteer for at least one activity

Teaching and Traveling Opportunities on Wednesday afternoon:

_____ **Biblezones teacher for 3 and 4 year olds 4:30 – 5:30**

_____ **Movement/Games for 3 and 4 year olds 5:00 – 6:00**

_____ **Traveler with 3, 4 or 5 year old/1st Grade 4:30 – 5:00**

_____ **Second adult in recorder class (not instructor) (5:30 – 6:00)**

_____ **Second adult in handbell class (not instructor) (5:30 – 6:00)**

Mom dad

_____ _____

Parent Support teams

POD (Parent on Duty) on Wednesday evening – Freeman Building check in singers, **remain at registration desk 4:20 – 6:05 p.m.** in case of emergency, make sure all singers are picked up by parents, return registration materials to office.

_____ _____

Robe Parent – Assist in getting the children robed for services – return the robes to their proper place. Notify music staff of needed robe repair.

_____ _____

Service Assistant – Assist the director when the children sing - line up, entrance and exit, sit with the children, etc., assist them in following the worship order/finding the hymns, etc.

Choir Club, First United Methodist Church, Cookeville, Tennessee
CONSENT FOR MEDICAL/EMERGENCY TREATMENT

In presenting my child for diagnosis and treatment,

I, _____ For _____

(Parent's Name)

(Child'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 Club Directors 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 August 13, 2008 through August 13, 2009.

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

Child's Name _____	Home Phone _____
Address _____	City _____ St _____ Zip _____
Name and Address of Insurance Carrier _____	

Group # _____	Policy # _____
Family Doctor _____	phone _____
Pediatrician _____	phone _____
Dentist _____	phone _____
Any special Medical Conditions _____	
Date of last Tetanus Booster _____	Any Current Medications _____

Choir Club Directors or Parent Volunteers have my permission to give regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my child. Please dispense _____ 1 tablet or _____ 2 tablets.	

No permission is given to administer acetaminophen.	
Parent Signature _____	Date _____

Emergency Numbers: PLEASE PROVIDE CONTACT NUMBERS

Home _____
Dad Work _____ Mom Work _____
Dad Cell _____ Mom Cell _____
Emergency Contact Person _____ Phone _____