

# Fresh Start Christian Church Holiday Music Workshop

**Classes:** Saturday, December 17, 2016 (10:00 a.m.-2:00 p.m.)  
**Performance:** Sunday, December 18, 2016 (10:00 a.m.)

## Student Information

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

## Medical Information

Should the child be restricted from any activity due to health reasons? **No**  **Yes**

If yes, please explain:

Does your child have any past/current medical condition (physical or mental) that would require special attention? **No**  **Yes**

If yes, please explain:

Does your child have allergies and/or dietary restrictions? **No**  **Yes**

If yes, please explain:

Will your child be bringing prescribed and/or over-the-counter medications to camp? **No**  **Yes**

If yes, what medications? (Note: Each child bringing medications will be responsible for taking their own medications.)

In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I, the parent/guardian of camper, authorize Fresh Start Christian Church staff to seek appropriate medical care if a parent/guardian cannot be reached, and I shall be fully responsible for payment of such costs. I also authorize insurance payment directly to the medical facility.

**Yes, I agree to the above statement**

**By signing below, I am providing consent for my child's participation in the Fresh Start Christian Church Holiday Music Workshop.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_