

Coral Gables Congregational Church
United Church of Christ

Cantat  Community Youth Ensemble
Membership Information

PLEASE PRINT AND BRING WITH YOU TO REHEARSAL

Check all that apply: Choir _____ Handbells _____ Youth Group _____

Youth's Name: _____ **Circle One:** Male or Female

Birthdate: ___ / ___ / ___ **Age:** (as of Sept. 2007) _____ **Member of:** CGCC or Other
M D Y

School you attend: _____ **Grade in School (fall of 2007):** _____

Parents: _____

Address: _____
Street City Zip

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Student E-mail:** _____

Height: (for Choir Robe) _____ **Parent E-mail:** _____

Instruments Played: _____

******PARENTS******

Areas of Service: (Check ALL that interest you)

- | | |
|--|---|
| <input type="checkbox"/> Choir Parent (Arrange Refreshments) | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Phone Tree / Emails | <input type="checkbox"/> Choir Robe Maintenance |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Instrumentalist |
| <input type="checkbox"/> Costume Assistant | |

Please send me additional information regarding the following:

CGCC Music Ministries

- ___ Chancel Choir
___ Handbell Choir (Adult)
___ Library / Music Filing
___ Volunteer

CGCC Community Arts Program (CAP)

- ___ Young Musicians' Orchestra (YMO)
___ Conservatory for the Arts
___ Summer Concert Series
___ Volunteer ___ Donor

All youth ages 15 and under MUST be signed in and out by a parent or guardian. Siblings under 18 years of age CANNOT sign-in or sign-out children or youth. Youth 16 and over may sign themselves out.



3010 De Soto Boulevard, Coral Gables, FL 33134
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Children & Youth Choir
EMERGENCY CONTACT INFORMATION

PLEASE PRINT AND BRING WITH YOU TO REHEARSAL

In case of emergency, contact the following individuals:

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name of Health Insurance Company: _____

Policy Number: _____

I authorize medical treatment for my child in case of accident or illness, if parent cannot be located or an emergency situation should arise.

AUTHORIZED PICK-UP

Who can pick-up this child?

Mother: Yes / No

Father: Yes / No

**Note: We CANNOT forbid any parent access to their child without a Court Order.*

The following individuals are authorized to pick-up my child:

**Note: Siblings under 18 years of age CANNOT sign-in or sign-out children.*

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

**Note: We reserve the right to refuse anyone access to your child whose name is not listed.*

Parent's Signature: _____ Date: _____

Please print: _____