

# **CCM SUMMER ACADEMY**

## **REGISTRATION FORM**

### **General Information**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_  
(Month) (Date) (Year)

Gender: \_\_\_\_\_

Race (Optional): \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Grade in the fall: \_\_\_\_\_

### **Child's Mother/Guardian**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best phone to reach you: \_\_\_\_\_

**Child's Father/Guardian**

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best phone to reach you: \_\_\_\_\_

**Emergency Information:**

Please list two persons, other than those mentioned as parents or guardians, usually available during the hours of the academy, who are willing to care for and pick up your student if he/she becomes ill and the primary contact is unreachable (parents or guardians will be contacted first).

Name: \_\_\_\_\_  
(Last) (First)

Relationship to Student: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Relationship to Student: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Health Information:**

Please list any allergies, or medical conditions that your student may have:

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**Photo Release:**

Your student may be photographed or videotaped for inclusion in various publications and websites, in newspapers, magazines, letters, or articles relating to the academy and the activities that ensued.

Please check:  yes, I give my permission  no, I do not give my permission

**Interest/ Hobbies:**

Please list any of the student's interests or hobbies:

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Parent/Guardian's signature \_\_\_\_\_