

HOLY COMFORTER CHORISTER PROGRAM

CHOIR CAMP 2016 REGISTRATION FORM



Name of chorister: _____

Date of birth: _____ Age: _____ Rising grade level: _____

Name and address of parent(s)/guardian(s):

Primary telephone: _____

Secondary telephone: _____

Email: _____

Camper's t-shirt size: Youth S_____ Youth M_____ Youth L_____ other _____

Camper's food allergies or restrictions: _____

Previous musical experience, if any: _____

Any other information you'd like to share about your camper to help make his/her camp experience a success: _____

HOLY COMFORTER CHORISTER PROGRAM

CHOIR CAMP 2016 EMERGENCY CONTACT AND MEDICAL INFORMATION FORM



FAMILY INFORMATION

Child's Name _____		Date of Birth _____		M <input type="checkbox"/> F <input type="checkbox"/>
Sex _____				
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		
() _____	() _____	() _____	() _____	
Home Phone	Work Phone	Home Phone	Work Phone	
Address _____		Address _____		
City _____	State _____	ZIP Code _____		

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City _____	State _____	ZIP Code _____	

MEDICAL INFORMATION & RELEASE

Hospital/Clinic Preference _____

Physician's Name _____ () _____
Phone Number

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child, and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release Church of the Holy Comforter and individuals from liability in case of accident during activities related to Church of the Holy Comforter Chorister Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____