

HOLY COMFORTER CHORISTER PROGRAM

CHOIR CAMP 2015 INFORMATION AND REGISTRATION FORM



Dates & Times: Monday – Friday, August 24 – 28, 10:00 am – 2:00 pm;
Sunday, August 30, 9:15 – 11:00 am

Open to: 2nd grade & up. No prior music experience or training required; solid reading skills are highly recommended. Campers who are not parishioners of Church of the Holy Comforter are welcome.

Cost: \$100. Includes lunches, recreational activities, music education based on the Royal School of Church Music curriculum, and a cool camp t-shirt!

Place: Church of the Holy Comforter, 543 Beulah Rd NE, Vienna, VA

What: A week of singing, musical learning, friendship, and fun. New and prospective choristers get a taste of the choir experience, including singing at a Sunday service. Returning choristers refresh and strengthen their skills and mentor younger singers. All campers enjoy relaxed music rehearsals and fun activities that build friendships, foster leadership, and motivate learning.

For more information or to submit a registration form:

David Kelley, Minister of Music
Church of the Holy Comforter
543 Beulah Rd NE
Vienna VA 22180
703-938-6521 x19
music@holyccomforter.com

Please return attached registration and medical forms with your check made payable to Church of the Holy Comforter by July 31. A \$20 late fee will be assessed for forms received after July 31.

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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: _____

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CHOIR CAMP 2015 EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

FAMILY INFORMATION

Child's Name _____	Date of Birth _____	M _____ F _____ 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 _____	City _____ State _____ ZIP Code _____		

ALTERNATIVE EMERGENCY CONTACTS

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