

# HOLY COMFORTER CHORISTER PROGRAM

## CHOIR CAMP 2017 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CHOIR CAMP 2017 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 _____	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 _____	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 \_\_\_\_\_