

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HOLY COMFORTER CHORISTER PROGRAM

## CHOIR CAMP 2017 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      (      ) Work Phone \_\_\_\_\_

(      ) Home Phone      (      ) Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### MEDICAL INFORMATION & RELEASE

Hospital/Clinic Preference \_\_\_\_\_

(      ) Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

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 \_\_\_\_\_