

# ENCORE!

## Summer Performance Camp Registration Form

Please indicate first choice (#1) and second choice (#2) OR write "only" if your child can only attend the session you've selected. Your child will be placed in your first-choice session if space is available when your registration is received.

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons

Camper's name \_\_\_\_\_ Nickname? \_\_\_\_\_

Camper's birthdate \_\_\_\_\_ School next Fall \_\_\_\_\_ Grade next Fall \_\_\_\_\_

Returning camper? \_\_\_\_\_ Sibling of a returning camper? \_\_\_\_\_ Applying with a friend? Who? \_\_\_\_\_

If your child knows Miss Carol, from where? \_\_\_\_\_

Parents' or guardians' names \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phones (whose?) \_\_\_\_\_

Work phones (whose?) \_\_\_\_\_

Email address \_\_\_\_\_

Home street address \_\_\_\_\_

City and ZIP \_\_\_\_\_

Emergency contact (other than parent) and relationship \_\_\_\_\_

Emergency phone \_\_\_\_\_

Food allergies \_\_\_\_\_

Medical or developmental conditions \_\_\_\_\_

Other information instructor should know about camper \_\_\_\_\_

These people have my permission to pick up my child at the end of the camp day (list all, including yourself, other parent, etc.):

Carol Boyd Leon has my permission to arrange for emergency medical treatment at the most convenient medical facility in the event my child becomes ill or is injured at camp. (An attempt will first be made to notify the parent/emergency contact.) I will not send my child to camp if I know he/she has a communicable illness or fever.

I assume all risks and hazards associated with my child's participation at camp and agree to indemnify, release and hold harmless Carol Boyd Leon, camp aides, ENCORE/MUSIC FUN and Burke Presbyterian Church from all claims of any nature which may arise or hereafter accrue as a result of or in connection with participation in the summer camp program. I will not hold Carol Boyd Leon, camp aides, ENCORE/MUSIC FUN or Burke Presbyterian Church responsible for any illness, injury, or medical expenses.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_