

**Marin Girls Chorus - Summer Sings! June 25-29, 2018**

First Presbyterian Church, 72 Kensington Rd, San Anselmo

**CAMPER INFORMATION:**

NAME of child (1): \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME of child (2): \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT or GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (cell) \_\_\_\_\_ (Father /Mother / Guardian?)

PHONE: (hm) \_\_\_\_\_ (Father/ Mother / Guardian?)

EMAIL ADDRESS: \_\_\_\_\_

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*PLEASE PRINT NAMES OF ADULTS WHO CAN PICK UP SINGER FROM SUMMER CAMP:*

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

*PLEASE LIST ANY ALLERGIES or SPECIAL MEDICAL or DIETARY NEEDS:*

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

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*HEALTH INSURANCE PROVIDER:* \_\_\_\_\_

*POLICY NUMBER:* \_\_\_\_\_

*PHYSICIAN'S NAME:* \_\_\_\_\_

*PHYSICIAN'S TELEPHONE:* \_\_\_\_\_

*IN CASE OF EMERGENCY, CONTACT:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

By signing below, I acknowledge that I have read and agree to the liability release statement and to abide by the guidelines of behavior as described on the chorus website.

**RELEASE OF LIABILITY**

*As the parent or legal guardian, I hereby give my permission for my child to participate in the Marin Girls Chorus **Summer Sings! Music Camp** 2018, and accept all risks associated with my child's participation. I agree, on behalf of myself and my children, to release Marin Girls Chorus and its directors, employees, independent contractors, volunteers, officers and affiliates and First Presbyterian Church of San Anselmo, from all liability in the event of any accident, loss or injury. I authorize MGC staff to seek medical attention for my child and give permission for my child to receive emergency medical care if needed. If my child receives emergency medical attention, I expect to cover my child's health care costs and related expenses. I understand that, should medical help be needed for my child, every attempt will be made to contact me as soon as possible.*

*Parent or Guardian Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_