

Marin Girls Chorus - Summer Sings! June 22-27, 2015

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: _____

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

PLEASE LIST ANY ALLERGIES or SPECIAL MEDICAL or DIETARY NEEDS:

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** 2015, 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:* _____