

SUMMER CAMP 2024 REGISTRATION

CAMPER INFORMATION

SINGER NAME:		AGE:	GRADE IN FALL:		
HOME ADDRESS:			CITY:		
ZIPCODE:	EMAIL ADDRESS:				
T-SHIRT SIZE: YS	YM YI	AS	AM AL		
PARENT/GUARDIAN INFORMATION					
PARENT/GUARDIAN NAME:Relations			Relationship		
PRIMARY PHONE # to be reached during the day:					
Secondary phone #:					
PARENT/GUARDIAN NAME:Relationship					
PRIMARY PHONE # to be reached during the day:					
Secondary phone #:					
In case of emergency, if parents/guardians are unavailable, please notify:					
Name:	Re	lation:	Phone#		
Name:	Re	lation:	Phone#		

HEALTH INFORMATION				
FOOD ALLERGIES:				
MEDICAL ALLERGIES:				
List any activities in which your daughter cannot participate:				
If your child requires any medications be taken and overseen at camp, please explain here (including epi-pens). All medications must be in their original containers when submitted to the camp staff.				
FIELD TRIP ACKNOWLEDGEMENT				
I give permission for my child to accompany Buffalo Girlchoir camp staff on scheduled walking field trips offsite.				
Parent signature:				
PERMISSION FOR PICK-UP				
Please fill in the table below with any persons you would like to have permission to pick up your child from camp.				
NAME	RELATION	PHONE		
IVAIVIE	TUBLATION	FIIONE		
I hereby give permission for phopromotional and informational a contract to release and indemniemployees, contracted educator nature or type resulting from a Girlchoir or agents arising from my child for which a claim, demperson or other entity against B	materials for Buffalo Girlchoir fy, and hold harmless, Buffalo es, and volunteers, from any army act of commission, omission activities under or related to tand, suit, or other action may	I hereby covenant and Girlchoir, as well as its ad all claims of whatsoever, or negligence of Buffalo the enrollment of myself or be made or brought by any		
PARENT SIGNATURE:		DATE:		