



# Blountstown United Methodist Church



## Choir Camp Registration Form

Child's Name: \_\_\_\_\_ (One Form per child)

Grade Completed: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Food Allergies:  Yes  No - If yes, list: \_\_\_\_\_

Medical Concerns:  Yes  No - If yes, explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

### Siblings Attending Choir Camp (Names and Ages):

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Person(s) Who May Pick up the Child:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Choir Camp leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with the Choir Camp.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_