



SEATTLE
GIRLS
CHOIR

SUMMER MUSIC DAY CAMP

CAMPER REGISTRATION FORM

(One form per camper)

Print and send this form with full payment or \$100 deposit per camper to:
SGC Day Camp, PO Box 22388, Seattle, WA 98122

Tell your friends - and sign up early to reserve your space!

If you have questions please contact Stacia at the office -
stacia@seattlegirlschoir.org or 206-526-1900

Full Day for girls going in to 2nd-5th grades

- Session 1: July 23-27 10-3:00 \$295
- Session 2: July 30-3 10-3:00 \$295

Mornings for boys & girls 4 - incoming 1st grade

- Morning July 30-3 9:30-12 \$165

Total due: \$ _____

Please make checks out to SGC.
We also accept major Credit Cards.

Name: _____

Card #: _____

Exp. Date: _____ Sec. Code: _____

Child's Name: _____

T-Shirt Size (circle one): Y-S Y-M Y-L Y-XL A-S A-M

If this is your child's first class with SGC please fill out the following:

DOB: _____ Grade Fall 2018: _____

Parent Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email(s): _____

How did you hear about SGC camp: _____

Camps are held at 1300 E. Aloha St., at the Volunteer Park SDA Church – SGC Choir Center

Snacks will be provided. There are water fountains in the building. Girls attending the full day camp should bring a sack lunch and water bottle. On Friday of each camp week there will be a performance by campers of skills learned. Morning Camp performance at 11:30 and Full Day Camp performance at 3:00.

Seattle Girls Choir asks permission to use all pictures and recordings of your child's voice for whatever purpose is deemed necessary and proper for the promotion of Seattle Girls Choir such as Public Service Announcements and Advertisement.

Parent/Guardian Signature: _____

THE SEATTLE GIRLS CHOIR
CONSENT TO MEDICAL CARE AND TREATMENT

Must be completed for attendance at: Summer Day Camp
Please send in with registration form or bring with you the first day of camp.

Camper name: _____ DOB: _____

Your name: _____

In order that your child receive prompt and appropriate medical treatment when you cannot be reached, you must fill out this form and the medical statement.

I attest that my child is in good health and able to actively participate in choir activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp and in good health.

I authorize SGC to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any over the counter medications recommended by the camp manager for various problems which have been authorized in the health form.

I authorize SGC to share information in this Health History document with selected camp staff on a need-to-know basis. In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's Camp Registration Form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child named above. I authorize the camp manager to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Health Insurance Provider: _____

Policy # _____ Group # _____

Name of primary insured person: _____

Signature of Parent/Legal Guardian: _____

Date: _____ Print Name: _____

Relationship to child: _____

EMERGENCY CONTACTS:

(PLEASE LIST IN ORDER OF AVAILABILITY)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

THE SEATTLE GIRLS' CHOIR
CHORISTER MEDICAL STATEMENT

Must be completed for attendance at: Summer Day Camp

**If your camp was recently exposed to head lice or other contagious conditions, please notify choir staff.

ALLERGIES

Does your child require an Epi-pen? YES ___ NO ___ (If yes, bring epi-pen with meds.)

What is your child allergic to?

MEDICAL CONCERNS: Explain severity, treatment for any ongoing medical concerns

MEDICATIONS

List ALL medications your child needs to take during the day at camp. All medications must be current, proscribed for the child, current, and in the original pharmacy or manufacturer bottle.

Name of medication, Dosage, Purpose and Effects:

Below is a list of over-the-counter medications used common ailments.

Initial here _____ to give permission for SGC to administer the following if deemed necessary by the camp manager. Cross out any products that you do NOT want your child to have.

For digestive upsets:

Tums,
Pepto Bismol

For pain, cough, cold:

Tylenol or Aleve
Ibuprofen,
Benadryl
Cough drops / lozenges

Topical (skin) products:

1% hydrocortisone cream
Calamine or Caladryl lotion
Antibiotic ointment

Hints to help us with your camper _____
