



CAMPER REGISTRATION

REGISTRATION FEE: \$110

Name:	Note: Must be 13 years old by 11/21/14 to attend	
Address:	Birthdate:	Age:
City, State, Zip:	Driver Lic #:	

Contact #		
Home phone:	Cell:	
Email:	Fax:	

School	
School Name & City:	Grade:

Chorus Affiliation/s		
Are you a member of Sweet Adelines?	Yes	No
If yes: Chorus name/s:	Membership #	Voice Part:
Do you sing with any other chorus? ex: school, church		

Emergency Contacts
Parent / Guardian Names:

Contact #1 Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Contact #2 Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Medical Information		
Insurance Company:	Group #	Policy #:
Physician Name:	Physician Phone #:	
List All Medical Conditions (including ADHD):		
List All Medications (including over the counter drugs):		
<p>NOTE: In order for our nurse to dispense medication to your child we need the following turned in at registration;</p> <ul style="list-style-type: none"> • Note signed by child’s physician stating amount and times medication is given • Medicine in pharmacy medication bottle displaying child’s name 		

Medical Information (cont.)	
List All Allergies (including food or drug allergies)	
Do you need Gluten Free meals?	

Release of Claims		
<p>I acknowledge that I am participating in Sweet Adeline International's, Region 12, Young Women in Harmony Program's, Mountain Harmony Camp, further known as (the Event), Nov. 21-23, 2014, at Alliance Redwoods Conference Center, Occidental, CA, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.</p>		
_____	_____	_____
Participant's Signature (required)	Date	Birthdate
If under 18 years of age parent must also sign below:		
I, being the parent/guardian of _____, hereby give permission for my daughter to participate in the above Event.		
I have read, and agree with, all terms of the above Release of Claims.		
_____	_____	_____
Parent Signature	Date	Print Name

Photo/Recording Release		
<p>I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.</p>		
_____	_____	_____
Participant's Signature	Date	Birthdate
If under 18 years of age parent must also sign below:		
I, being the parent/guardian of _____, hereby agree and consent to the terms in the above Photo/Recording Release.		
I have read, and agree with, all terms of the above Release.		
_____	_____	_____
Parent Signature	Date	Print Name

Cabin Roommate Requests:			
When assigning cabins we will try our best to keep friends/schools/age groups together, or close by. Please list any specific camper/s you would like to room with. Please print:			
<u>Name</u>	<u>School/Chorus Affiliation</u>	<u>Name</u>	<u>School/Chorus Affiliation</u>
1.		2.	
3.		4.	

Circle your T-shirt Size:	XLg Child	Sm Adult	Med Adult	Lg Adult	XLg Adult	1X	2X	3X
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Please return to our Camp Director: Both pages of this Registration Form
 Registration Fee of \$110.00 - make checks payable to: Pacific Shores Region 12
Mail to: Cyndi Sharp email.pdf to: sharpadeline@aol.com
 4125 Modoc Ct. Fax to: 925-676-6729
 Concord, CA 94521 For questions: feel free to email, or call: 925-671-9895

