

Register your kids now for this amazing week!!!!

What do I need to know?

- This camp is for all children entering grades K-3 & 4-8 in Fall of 2017
- Week of July 24-28, 2017 from 9am - 12pm each day! (Plus 12noon mass on Friday!!!)
- The cost for the camp is \$75 per child for the week, and each family will be asked to provide a snack for one day.
- Please fill out the attached forms along with payment, and drop it off at the Christ Cathedral Tower of Hope or mail it by Friday, July 14th to:

Christ Cathedral Parish Music Ministry
Attn: Lauren McCaul
13280 Chapman Avenue
Garden Grove, CA 92840

For more information, contact Lauren McCaul - (714) 971-2141, X5529 or music@christcathedralparish.org

Full Name	Gender (M or F)	DOB (Date of birth)	Grade (Fall of 2017)	T-shirt size (Child XS, Child S, Child M, Child L, Adult S)

*Please include payment in the amount of \$75 per child by check, made payable to **Christ Cathedral with Diocesan Children's Choir Camp** written in the memo line. Additionally, if you'd like to make a tax-deductible donation, please include any additional amount with your payment, thanks!*

DIOCESAN CHILDREN'S CHOIR CAMP

FAMILY INFORMATION

Family Name _____ Home Phone # _____

Mother's Name _____ Cell Phone # _____

Father's Name _____ Cell Phone # _____

Family E-mail _____

Street Address _____

City, State, Zip _____

Family's Parish _____ Child(ren)'s School _____

Emergency Contact Name and relationship to child:

Name _____ Relationship _____

Cell Phone # _____

Will anyone else be picking your child up? (please attach)

Name _____ Relationship _____

Cell Phone # _____

Name _____ Relationship _____

Cell Phone # _____

Name _____ Relationship _____

Cell Phone # _____

**please inform those picking up your child that they will need to present a valid photo ID*

DIOCESAN CHILDREN'S CHOIR CAMP

ADDITIONAL INFORMATION (Please fill out your responses for each child)

Child's Name: _____

Have you ever been in a choir? YES NO

If yes, please explain (which choirs, where, what voice part - high soprano, descant, soprano, alto): _____

Do you read music? YES NO SOME VERY WELL

Do you play an instrument? YES NO

If yes... What instrument(s)? _____ For how long? _____

Please share any other musical experiences that you feel might be helpful for us to know when we place your child for choir camp week: _____

Child's Name: _____

Have you ever been in a choir? YES NO

If yes, please explain (which choirs, where, what voice part - high soprano, descant, soprano, alto): _____

Do you read music? YES NO SOME VERY WELL

Do you play an instrument? YES NO

If yes... What instrument(s)? _____ For how long? _____

Please share any other musical experiences that you feel might be helpful for us to know when we place your child for choir camp week: _____

******Please print additional copies of this page to include as needed***

DIOCESAN CHILDREN'S CHOIR CAMP
MEDICAL INFORMATION & PERMISSION FORM

Allergies (please list child's name and corresponding allergy) _____

Medical Insurance Carrier Name & Policy # _____

Additional Medical Concerns (please list child's name and corresponding info.) _____

I, the parent (guardian) of _____ hereby give my permission for her/his/their participation in Diocesan Children's Choir Camp from 7/24/17 - 7/28/17 at Christ Cathedral Campus. As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including, but not limited to, The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that s(he) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities or individuals named or described above. _____ Initial

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental costs shall be made to insurance or any available benefit plans of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity. _____ Initial

I, hereby, authorize the making of photographs, motion pictures, video tapes, or other recordings memorializing said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby, waive any rights to compensation or any right that I otherwise might have to limit or to control such making or use. _____ Initial

I, hereby, give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. _____ Initial

Parent/Guardian Signature

Date

Parent Name (please print)