



2010 Joyful Noise Singing Summer Camp
June 21st –25, 2010

PLEASE PRINT AND FILL IN ALL AREAS

Name of Student:

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ (mm/day/year)

Grade: _____ School: _____

Previous experience: Theater/ singing/ dance

Student resides with:

Mother

Father

Both

Guardian

Please provide all of the following information for each parent/guardian. If same, mark SAA.

Mother's name: _____

Father's name: _____

Phone: _____

Phone: _____

Cell phone: _____

Cell phone: _____

E-mail: _____

E-mail: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Work phone: _____

Work phone: _____

The child is allowed to go home with the following people:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

MEDICAL/DEVELOPMENTAL INFORMATION

ALLERGIES

Food: _____

Medication: _____

Environmental: _____

Other medical needs: (ADD/ADHD, seizures, etc)

PLEASE DESCRIBE ANY OTHER SENSITIVITIES OR SPECIAL NEEDS THAT WE SHOULD BE AWARE OF SO THAT WE MAY BEST SERVE THE NEEDS OF YOUR CHILD. (Extreme, shyness, reading difficulties, etc.)

Emergency Treatment Release Form 2010

If I, the parent/guardian, cannot be reached, I request that Jina Darnell, Music Director, act in the best medical interest of my child. In the event of an emergency that requires 911 to be contacted, I agree to assume all financial responsibility for the transportation of, as well as any, and all medical treatment deemed necessary by the attending physician. I understand that all efforts will be made to contact the parent/guardian before transportation occurs. I also understand that the number one goal of the Music Director is to seek any and all needed help immediately.

Signature of Parent/Guardian: _____

Child's Physician: _____

Phone: _____

Child's Dentist: _____

Phone: _____

Insurance Company: _____

Insurance ID #: _____

Group: _____

If parent or guardian cannot be reached, please notify the following:

Name: _____

Phone: _____

Relationship: _____

Over please