

EPISCOPAL DIOCESE OF TEXAS
18th ANNUAL CHOIR CAMP
Blinn College and St. Peter's Episcopal Church, Brenham
July 18-24, 2010

Camper Registration & Health History

CAMPER PERSONAL INFORMATION

Full Name of Camper: _____
Preferred Name: _____ Age: _____
Date of Birth _____ Gender: M F Grade in 2010-11 _____
School Name: _____
School District: _____

PARENT CONTACT INFORMATION

Parent/Guardian Name _____
Relationship to camper: _____
Address City/ST/Zip _____
Home #: _____ Cell: _____
Work: _____ Email: _____

NON-PARENT EMERGENCY CONTACT

Name: _____
Relation to camper: _____
Home Ph: _____ Cell Ph: _____
Work Ph: _____

INSURANCE INFORMATION

Parents and guardians are responsible for medical expenses incurred for illness or injury at Choir Camp.

Insurance Co/Medicaid:
Ins. Co _____
Ph # _____

Policy _____ Grp # _____
Medicaid# _____
If no insurance, responsible party: _____

ALLERGIES & ILLNESS

Allergy Response _____
Date of Last Reaction _____
Allergy Response _____
Date of Last Reaction _____

List over-the-counter medications the camper **cannot** receive for minor symptoms.

Chronic or Recurring Illnesses _____

Diagnosed with: ADD ADHD

Has a psychiatric diagnosis such as Depression, OCD, and Panic/Anxiety Disorder.	Yes	No
Has seen or is seeing a professional to address mental/emotional needs.	Yes	No
This camper has a learning disability/challenge.	Yes	No
Has camper ever required any psychiatric counseling or hospitalization?	Yes	No

MEDICATIONS

Please list medications that will be given to camp nurse on check-in, including drug, dosage and condition requiring the medication. Prescribed medication and inhalers **MUST** be in original container with pharmacy label that includes camper’s name, valid date, instructions and Dr’s name. Sample medications **MUST** have signed physician’s letter. Over-the-counter medications **MUST** be in original packaging with valid expiration date.

Drug _____ Dosage _____
Condition _____
Drug _____ Dosage _____
Condition _____
Drug _____ Dosage _____
Condition _____

(Please list additional medications on a separate sheet of paper.)

IMMUNIZATIONS

PLEASE ATTACH A COPY OF IMMUNIZATION RECORD WITH REGISTRATION FORM.

This health history and immunization report is true to the best of my knowledge. I will notify the camp promptly if there is any change in the child’s condition prior to the start of camp. In the event of an illness or emergency, I hereby give permission for the staff of Choir Camp to provide directly or authorize medical treatment of my child by licensed healthcare professionals and when necessary, authorize transportation to and from the medical facilities designated by Choir Camp for the care of my child. I authorize Choir Camp and third party care givers to exchange pertinent medical information. Upon completion of medical treatment, I authorize the medical facility providing treatment to release diagnostic information to the Choir Camp nursing staff for follow up and for my child’s medical file.

Parent or Guardian Signature: _____
Date: _____

CAMP TUITION

Tuition is \$450, which includes meals, housing, transportation to local swimming and recreation, music folder, camp t-shirt and snacks. No money will be needed during the week. BALANCE due by JUNE 1st. The tuition includes a \$150 non-refundable registration fee. Make checks payable to EPISCOPAL DIOCESE OF TEXAS and mail to St. Peter’s Episcopal Church ATTN: Linda Patterson, P. O. Box 937, Brenham, TX 77834

_____ Full payment accompanies this application
_____ Enrollment fee of \$150 accompanies this application.
_____ Please contact me at _____ with scholarship information.

CAMPER INFORMATION

Camper Name _____
Previous Choir camper? Yes No
Previous Camp experience? Yes No Where/When? _____
Does camper have siblings? Yes No # older: _____ # younger: _____
Name of church _____
City _____ State _____

No previous musical or choral experience is required for attendance. Camper’s musical ability will be assessed on arrival at camp. Please describe camper’s past musical experiences or lessons, choir or band

Is the camper part of a school or church choir? If so, which? _____
What are your camper’s interests, hobbies, and activities? _____

Describe your camper's personality: _____
ADDITIONAL INFORMATION: Please include limitations, characteristics, or behavioral issues which could help the staff in working (sunburn sensitivity, sleepwalking, bedwetting, etc.)

Are both parents living? Yes No
Camper lives with: Both parents Mom Dad Mom/Step-Dad Dad/Step-Mom Grandparents
Other _____

Please rate your camper in the following areas. Scale: 4 = Excellent
3 = Good
2 = Needs Improvement
1 = No experience

_____ 1. Ability to live cooperatively in a community setting for a period of six days.
_____ 2. Ability to independently take care of their own personal needs (i.e. showering, personal hygiene, dressing, etc.)
_____ 3. Ability to stay away from home for an extended period of time.
_____ 4. Ability to be comfortable on stage for a musical performance.

ROOMMATE PREFERENCE _____
Roommate requests will be honored as much as possible, but no requests are guaranteed. Rooms are double-occupancy, two room suites with showers.

-----DETACH AND SAVE INFORMATION BELOW-----

PACKING LIST

- | | |
|---|---------------------------------|
| T-shirts and shorts (no spaghetti-strap tops) | Pajamas |
| Bathing suit (one piece for girls) | Underwear and Socks |
| Towels for both showering and swimming | Laundry Bag |
| Sunscreen and insect repellent | Shampoo, Toothbrush, Toothpaste |
| Linens for twin bed or a sleeping bag | Rain jacket |
| Pillow and pillowcase | |
| Closed-toed shoes (preferably 2 pair) | |
| Water shoes | |
| Stationery and stamps (optional) | |

ADDRESS TO MAIL LETTERS TO CAMPERS
(please mail before camp, or hand-deliver on drop-off day):
C/o St. Peter's Episcopal Church, P. O. Box 937, Brenham, TX 77834

**ADDITIONAL INFORMATION WILL BE SENT
WITH YOUR DEPOSIT CONFIRMATION.
CAMP BEGINS ON SUNDAY AFTERNOON AND CONCLUDES AFTER THE
CLOSING EUCHARIST ON SATURDAY MORNING.**

EPISCOPAL DIOCESE OF TEXAS
18th ANNUAL CHOIR CAMP 2010
Camper Covenant and Release Agreement

This document acts as a parental release and a covenant with our campers to respect St. Peter's Episcopal Church and Blinn College, their property and staff, and fellow campers. Please read through this document completely and sign the release at the bottom of the page. Then read through the camper policies with your child and have him or her sign the agreement.

The following behaviors are strictly forbidden during Choir Camp:

- Damage to property, such as graffiti or vandalism
- Infliction of any sort of bodily harm to oneself or another person
- Participation in any variety of bullying (physical, emotional, relational, verbal, etc)
- Crude, harsh, sarcastic, or inappropriate language
- The use of all personal electronics (Ipods, cell phones, PSPs, MP3 players, etc)
- Possession of drugs, alcohol, tobacco, knives, firearms, or weapons of any kind
- Any behavior that could represent a danger to the safety of oneself or fellow campers
- Any behavior that circumvents the authority of the counselors or adult staff

I understand that these actions could endanger others or myself and will not be permitted at Choir Camp. Furthermore, I agree to avoid these actions and be held accountable for them. I will comply with any repercussions, which may include being sent home early from Choir Camp without financial reimbursement.

Camper's Name (Print): _____

Camper's Signature: _____

Date: _____

I understand that pictures and videos will be taken while at Choir Camp. I hereby give permission for the use of such pictures and videos of my camper for the promotion and recruitment of Choir Camp.

In addition, I give permission for my son or daughter to be transported in vehicles for local transportation and activities at Choir Camp as well as transportation to and from medical facilities.

I understand that I will be billed for any damage to Blinn College or St. Peter's that is done by my camper.

_____ has my permission to attend and to participate in THE EPISCOPAL DIOCESE OF TEXAS CHOIR CAMP, sponsored by the Episcopal Diocese of Texas. I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of the event, the event coordinators, St. Peter's Episcopal Church, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.
(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Custodial Parent or Legal Guardian Signature: _____ Date _____

(faxed signature acceptable)

Relationship to Participant _____