

CAMP REGISTRATION FORM

Camper Information

Camper's Name _____
Last First Middle
Camper Year (1st, 2nd, etc.) _____ Junior Counselor Year (if applicable) _____
Address _____
Number and Street City Zip
School Grade Next Fall: _____ Birth Date: _____
Month Day Year

Parent / Guardian Information

Father/Guardian _____ () _____ () _____
Work Phone Home Phone
Mother/Guardian _____ () _____ () _____
If you expect to be at a different address or phone during the camp session, indicate dates: _____
Give address and phone where you can be reached during the above period:
Address: _____ City/Zip _____ Cell Phone () _____
E-mail address: _____

Camper's Travel Inquiry

Has your boy ever been away from home or family for more than one week? _____
If yes, for how long? _____ When? _____ Reason _____
Please explain how the experience was pleasant or unpleasant _____

Camper's Skills, Abilities, and Needs

Please Indicate on the camper's skills in:
Swimming: _____
Sports: _____
Camping & Backpacking _____
Indicate your boy's special interests: _____
Hobbies: _____
Abilities: _____
Special Problems and Needs: _____

Permission to Attend Summer Camp

My son has permission to attend the *Golden Gate Boys Choir and Bellringers Summer Music Camp* and to participate in the camp program and activities. In any emergency, when I cannot be reached by telephone, the Camp Director and / or the Artistic Director may take whatever action may deem necessary for the safety of my son.

Signed: _____ Relationship _____ Date _____

Signed: _____ Relationship _____ Date _____