



SING IT OUT

CHILDREN'S CHOIR CAMP FOR GRADES K – 6

June 21 – 25, 2010, 8:00 a.m. – noon

St. Peter's United Church of Christ

700 E. 110TH STREET (110TH & HOLMES) IN SOUTH KANSAS CITY, MISSOURI

PARTICIPANT INFORMATION			
Last Name	First Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Grade 2010-11 School year
Street Address		Apartment/Unit #	
City	State	ZIP	
Parent's Name	Parent's E-mail Address		
Parent's Cell or Day Phone	Emergency Contact – other than parent	Emergency Contact's Cell or Day Phone	
Does the participant have experience in vocal music?	None <input type="checkbox"/> / Some <input type="checkbox"/> / Accomplished <input type="checkbox"/> explain _____		
Does the participant have any special needs?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.		
Does the participant have any allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.		

CAMP T-SHIRT SIZES (CIRCLE ONE) YS YM YL YXL/AS AM AL AXL A2X

PAYMENT: Participant fee is \$50 and due at time of registration. Full refund available if participant cancels on or before June 11, 2010.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in the program activities, and if I, the parent or guardian of the above-named participant, am not present to make medical decisions, I hereby authorize the Church, its staff and volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form.

Each responsible parent/guardian should sign.

Signature: _____

Printed Name: _____ Date: _____

Signature: _____

Printed Name: _____ Date: _____

Send completed form with payment to:

St. Peter's United Church of Christ
Attn: Sing It Out
700 E. 110th Street
Kansas City, MO 64131

For more information or questions, call:
Paul Griggsby, Director of Music
816-942-1155 or e-mail
kcspucc@sbcglobal.net

Space is limited. Apply soon to assure your space in this year's camp.

OFFICE USE ONLY: PAID _____ Amount _____ DATE _____