

**Christ Church Cathedral  
2010 Choir Camp Registration  
June 21-25, 2010**

COMPLETE BOTH PAGES AND MAIL WITH THE REGISTRATION FEE (SEE BELOW) TO:  
DR. STEPHEN CASURELLA, DIRECTOR OF MUSIC, CHRIST CHURCH CATHEDRAL,  
318 EAST FOURTH STREET, CINCINNATI OH 45202.

**PLEASE PRINT**

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH      FIRST      LAST      LIKES TO BE CALLED  
                          \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  FEMALE\_\_\_\_  MALE\_\_\_\_  
                          MONTH  DAY   YEAR

ADDRESS DURING SCHOOL YEAR \_\_\_\_\_

PHONE AT THIS ADDRESS WITH AREA CODE \_\_\_\_\_

CHILD'S EMAIL \_\_\_\_\_

(IF DIFFERENT) CHILD'S ADDRESS DURING CAMP WEEK \_\_\_\_\_

PHONE AT THIS ADDRESS WITH AREA CODE \_\_\_\_\_

NAME OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN'S EMAIL \_\_\_\_\_

PARENT OR GUARDIAN'S PHONE NUMBERS WITH AREA CODE

\_\_\_\_\_  
HOME                                      WORK                                      CELL

LIST ANY ALTERNATE EMERGENCY CONTACT NAME AND NUMBER:  
\_\_\_\_\_

**REGISTRATION FEE**

\_\_\_\_ PAYMENT OF THE \$30 REGISTRATION FEE IS ENCLOSED.    \_\_\_\_ PLEASE CONTACT ME REGARDING A SCHOLARSHIP.  
(MAKE CHECKS PAYABLE TO CHRIST CHURCH CATHEDRAL.)

**MEDICAL INFORMATION (SIGNATURE REQUIRED)**

**CHILD'S NAME** \_\_\_\_\_

PLEASE LIST ANY SPECIAL MEDICAL CONDITIONS, DIETARY NEEDS OR FOOD ALLERGIES WE SHOULD KNOW ABOUT? *IF NONE, WRITE "NONE."* THIS INFORMATION WILL BE KEPT CONFIDENTIAL, BUT FOR YOUR CHILD'S SAFETY, WE NEED TO KNOW ANY PRESCRIPTIONS YOUR CHILD MAY BE TAKING, SO WE CAN FULLY INFORM EMERGENCY PERSONNEL. IF YOUR CHILD WILL NEED TO TAKE MEDICATION DURING CAMP HOURS, PLEASE INFORM CAMP STAFF.

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I HEREBY GIVE MY AUTHORIZATION AND CONSENT FOR THE RENDERING TO MY CHILD, BY A LICENSED PHYSICIAN OR PHYSICIANS, OF SUCH MEDICAL SERVICES AND TREATMENT AS MAY BECOME NECESSARY IN A MEDICAL EMERGENCY. SUCH CONSENT AND AUTHORIZATION SHALL INCLUDE ALSO THE COOPERATION AND ASSISTANCE OF NURSES, TECHNICIANS, ASSISTANTS, OTHER PHYSICIANS AND ANY QUALIFIED MEDICAL PERSONNEL WORKING UNDER THE SUPERVISION OF LICENSED PHYSICIANS.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**PHOTO INFORMATION (SIGNATURE REQUIRED)**

PLEASE TELL US IF WE HAVE YOUR PERMISSION TO PUBLISH A PHOTO OF YOUR CHILD AT CHOIR CAMP. PHOTOS MIGHT BE USED ON OUR WEBSITE, IN A NEWSLETTER OR IN A FLYER. CHECK ONE:

I GIVE PERMISSION FOR A PHOTO OF MY CHILD TO BE PUBLISHED AS DESCRIBED ABOVE.

I DO NOT GIVE PERMISSION FOR A PHOTO OF MY CHILD TO BE PUBLISHED.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE