

2017 Music Camp Registration Form & Medical Release

Name of Child _____

DOB _____ Grade entering this fall _____

Parent _____

Phone #1 _____ Phone #2 _____

Address _____

Church Affiliation if applicable _____

Food or insect allergies _____

Other medical info that we need to be aware of _____

Emergency contact person _____

Phone # of emergency contact person _____

Medical Release

I (we) authorize the adult volunteers of the Music Camp held at First Congregational Church of Wakefield, NH, United Church of Christ, to arrange for any emergency medical care deemed necessary by an accredited medical provider in an emergency clinic or hospital should I (we) not be available. Initial care and/or transportation to the medical facility will be provided by a licensed ambulance service.

Parent/Legal Guardian _____

Your child's insurance information _____

Date _____