

FOR OFFICE USE ONLY

DATE REC'D \_\_\_\_\_ REG # \_\_\_\_\_ ROOM ASSIGNMENT \_\_\_\_\_

CK # \_\_\_\_\_ NAME \_\_\_\_\_ AMT DUE \_\_\_\_\_ BAL \_\_\_\_\_

**REGISTRATION FORM: TEXAS CONFERENCE CHOIR CLINIC July 5 – July 9, 2010**

ONE camper per form. Copy on WHITE PAPER if needed for multiple registrations. Use BLACK or BLUE INK.

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_ Camper's Preferred Name \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_  
Check one Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Camper's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code Day-time Telephone \_\_\_\_\_ Area Code Evening Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Director's Name (or other related adult) at Choir Clinic \_\_\_\_\_

Name of Home Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code Church Telephone \_\_\_\_\_

➔ **FIRST TIME CAMPER?** \_\_\_\_\_ Yes If No, how many times have you been to camp? \_\_\_\_\_


**ROOMMATE PREFERENCES:** 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Policy for children and youth Camps allows only THREE campers from same church in each cabin. Changes cannot be made at camp.

**CAMP T-SHIRT:** Included in registration fee.

Indicate size desired: \_\_\_\_\_ (children CM, CL, or adult AS, AM, AL, XL, XXL, XXXL)

- KIDS KAMP** Age by June 1, 2010: 3 4 5 6 7 (circle one)  
First child in family \$125 by June 3 \$145 June 4 – June 18  
Second child in family \$110 by June 3 \$130 June 4 – June 18  
(Kids Kamp participants stay with an adult family member attending camp)
- ELEMENTARY / YOUTH** \$275 by June 3 \$290 June 4 – June 18  
Entering grade: \_\_\_\_\_ (fall of 2010)  
\*\*Children or youth who check out of camp for any reason will not be allowed to check back into camp.\*\*
- ADULT FIRST CLASS (First come, First served)** \$385 by May 21  
Indicate preferences with #1, #2, #3: \_\_\_\_\_ Family Life Center \_\_\_\_\_ Fair Village \_\_\_\_\_ Staff House (female guests)  
*If your choice for First Class housing is unavailable, you will be assigned to other First Class housing.*  
*If no First Class housing is available, do you prefer: \_\_\_\_\_ Dormitory Registration \_\_\_\_\_ Commuter Registration*  
(contact Palestine Chamber of Commerce at 903-729-6066 for a list of hotels).
- ADULT DORMITORY** \$310 by June 3 \$340 June 4 – June 18  
Indicate preference with #1 or #2: \_\_\_\_\_ Asbury \_\_\_\_\_ Windham
- COMMUTER** \$80 for first day \$70 for each additional day  
Commuter Days attending:  Mon  Tues  Wed  Thurs  Fri
- TRAILER PARK** \$320 for first person, \$270 for each additional registrant
- COUNSELOR** No fee  
*All churches sending campers must send counselors who have been screened by their local church, and who will be trained in accordance with Safe Sanctuary policy. Contact Becky Collins for details, [Collins.notes@verizon.net](mailto:Collins.notes@verizon.net)*
- CLINICIAN** No fee

 I am registering for a Handbell class. Adult Advanced Adult Intermediate High/Middle School Advanced (circle one)  
I have included the \$15.00 for each Adult handbell music packet \_\_\_\_\_ Yes \_\_\_\_\_ No

★ **ALL CHOIR CLINIC PARTICIPANTS MUST COMPLETE BOTH SIDES OF THIS FORM**

Send to Laura Bush / TCCC Registrar, 431 Eldridge Road, Sugar Land, TX 77478 / checks payable to TCCC

# MEDICAL STATEMENT AND RELEASE FORM

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_ Camper's Date of Birth \_\_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INSURANCE INFORMATION** (Must be completed. Lakeview's insurance covers accidents only)

Policy Holder's Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Insurance Co. Phone Number \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell/PagerNumber \_\_\_\_\_

**Does Camper have a history of**  Ear Infection  Convulsions  Diabetes  Asthma  Allergies  Fainting  
 Throat Infections  Bed-wetting  Sleepwalking  Other medical concerns

If you checked any of the above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

**ALL PRESCRIPTIONS MUST BE IN ORIGINAL CONTAINERS LABELED WITH THE NAME OF THE PATIENT AND INSTRUCTIONS FOR DOSAGE.**

Restrictions: \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Indicate any emotional, behavioral, or physical conditions which may require special supervision. Your response will not result in exclusion from camp. This information will be available only to the Camp Director, Nurse, and your child's Counselor.

\_\_\_\_\_

## **PARENTS of Minors and ALL ADULT Campers MUST COMPLETE:**

- ◆ In an emergency, I give permission to the physician selected by TCCC to treat the camper named above.
- ◆ As a camper, I have read the Standards of Conduct and agree to abide by these rules while attending Choir Clinic.
- ◆ Having read the Standards of Conduct, I understand that my child may not leave Lakeview Methodist Conference Center unless accompanied by the camp director, Dean, or designated staff, or having been withdrawn from TCCC by a parent or legal guardian appearing in person.
- ◆ Signing of this form gives permission to use the camper's photograph in promotional materials and to include camper information in a directory of participants.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT. All forms must be fully completed and signed to process the registration.**

Registration and participation in this program is the same for everyone without regard to race, color, religion, age, sex, disability, or national origin.

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