



# mountain harmony camp

Region 12 Sweet Adelines International

Alliance Redwoods, Occidental, CA

November 21 – 23, 2014

## CAMPER REGISTRATION

**REGISTRATION FEE: \$120**

|                   |   |      |
|-------------------|---|------|
| <b>Name:</b>      | <b>Note:</b> Must be 13 years old by 11/21/14 to attend |      |
| Address:          | Birthdate:  | Age: |
| City, State, Zip: | Driver Lic #:   |      |

|                  |       |
|------------------|-------|
| <b>Contact #</b> |       |
| Home phone:      | Cell: |
| Email:           |       |

|               |              |        |
|---------------|--------------|--------|
| <b>School</b> |              |        |
| School Name:  | School City: | Grade: |

|   |                        |                  |
|---|------------------------|------------------|
| <b>Chorus Affiliation/s</b>   |                        |                  |
| Are you a member of Sweet Adelines? Yes No                              | If yes, chorus name/s: |                  |
| Membership #  | Voice Part:            |                  |
| Please list any groups you may sing with. Ex: school, church, community |                        | Director's Name: |

|                           |  |
|---------------------------|--|
| <b>Emergency Contacts</b> |  |
| Parent / Guardian Names:  |  |

|                   |               |
|-------------------|---------------|
| Contact #1 Name:  | Relationship: |
| Address:          | Phone #       |
| City, State, Zip: | Phone #       |

|                   |               |
|-------------------|---------------|
| Contact #2 Name:  | Relationship: |
| Address:          | Phone #       |
| City, State, Zip: | Phone #       |

|  |                    |           |
|--|--------------------|-----------|
| <b>Medical Information</b>   |                    |           |
| Insurance Company:   | Group #            | Policy #: |
| Physician Name:  | Physician Phone #: |           |
| List All Medical Conditions (including ADHD):  |                    |           |
| List All Medications (including over the counter drugs):   |                    |           |
| <p><b>NOTE: In order for <u>any</u> medication to be dispensed to your minor child we need the following turned in at registration;</b></p> <ul style="list-style-type: none"> <li>• Medicine in original pharmacy prescription bottle displaying child's name</li> <li>• Any over-the counter medications in their original containers</li> <li>• Alliance Redwood's Medical Procedures/Medication Check-In Form completed</li> </ul> |                    |           |

**Medical Information (cont.)**

List All Allergies (including food or drug allergies)

Do you need **Gluten Free** meals?  NO  YES **Specific Instructions:**

**Release of Claims**

I acknowledge that I am participating in Sweet Adeline International's, Region 12, Young Women in Harmony Program's, **Mountain Harmony Camp**, further known as (the Event), **Nov. 21-23, 2014, at Alliance Redwoods Conference Center, Occidental, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

Participant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_ Birthdate \_\_\_\_\_

**If under 18 years of age parent must also sign below:**

I, being the parent/guardian of \_\_\_\_\_, hereby give permission for my daughter to participate in the above Event. I have read, and agree with, all terms of the above Release of Claims.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**Photo/Recording Release**

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.

Participant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_ Birthdate \_\_\_\_\_

**If under 18 years of age parent must also sign below:**

I, being the parent/guardian of \_\_\_\_\_, hereby agree and consent to the terms in the above Photo/Recording Release. I have read, and agree with, all terms of the above Release.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**Cabin Roommate Requests:**

When assigning cabins we will try our best to keep friends/schools/age groups together, or close by. List any campers you would like to room with. **Please print.**

| Name | School/Group | Name | School/Group |
|------|--------------|------|--------------|
| 1.   |              | 2.   |              |
| 3.   |              | 4.   |              |

**Circle your T-shirt Size:** XLg Child    Sm Adult    Med Adult    Lg Adult    XLg Adult    1X    2X    3X

**Return to camp director:**

- Both pages of this Registration Form with original signatures
- Alliance Redwood's Outdoor Education Medical Form (both sides) with original signature
- Alliance Redwood's Food Nutrition Program Form signed
- Registration Fee of \$120.00 - make checks payable to: Pacific Shores Region 12**

**Mail to:**  
 Cyndi Sharp  
 4125 Modoc Ct.  
 Concord, CA 94521

**For questions: email:** mtharmonycamp@gmail.com      **call:** 925-671-9895

