



# KCC Summer Camp Form 2022

Location: Celery Flats

Time & Date: July 18th - 21st, 9am-Noon

Cost: \$75 per student

Who Can Participate: Students going into grades 3rd-6th

Camp Details: Prepare to sing and dance to Pops/Broadway themed music, play games, meet the staff of KCC and learn about being in a choir! Campers will work to prepare a free performance for friends and family at the end of camp week. Parents/Guardians are expected to drop off their students 10-15 minutes prior to the start time of camp as well as pick campers up at the designated area at noon. Safety measures in place to keep everyone as healthy as possible- hand sanitizer, masks and face shields will be available.

Campers Name: (Please Print) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Are you a current member of the Kalamazoo Children's Chorus?      Yes      No

If not a current member, do you want to audition for our 2021-2022 Season?      Yes      No

I give KCC permission to use my students photos from camp in our Social Media      Yes      No

Parent/Guardian(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Form of \$25 Camp Payment      Check #      Via PayPal  
*paypal.me/kcchorus*

\*\*\*Please fill out this form then email it [caitlin@kalamazoochildrenschorus.org](mailto:caitlin@kalamazoochildrenschorus.org)\*\*\*

*Building our community, one voice at a time.*

(To Be filled out if an updated form is not already on file)

## KCC Medical Release Form

Preferred Emergency Contact:

Name: \_\_\_\_\_ Relationship to Chorister: \_\_\_\_\_

Phone: \_\_\_\_\_

### CONSENT TO TREAT MINOR CHILDREN

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of \_\_\_\_\_ and I am not reasonably available by telephone to give consent. This authorization is effective from Sept. 2022-May 2023.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact

1 \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ Contact

2 \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information:

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_