

# Church of the Holy Comforter Chorister Program

## CHOIR CAMP REGISTRATION FORM: DEADLINE JULY 1

Name of Chorister: \_\_\_\_\_ Likes to be called \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Rising grade level: \_\_\_\_\_

Name and address of parent(s)/guardian(s):

---

---

---

Home Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

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

Camper's t-shirt size: Youth S \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Adult ? \_\_\_\_\_

Camper's food allergies or restrictions: \_\_\_\_\_

---

Previous musical experience, if any: \_\_\_\_\_

---

---

Any other information you'd like to share about your camper to help make his/her camp experience a

success: \_\_\_\_\_

---

---

---

# Church of the Holy Comforter Chorister Program

## CHOIR CAMP 2026 EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

### FAMILY INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City

State

Zip

City

State

Zip

### ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact

Secondary Emergency Contact

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone

Work Phone

Home Phone

Work Phone

\*\*\*\*\*

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Policy ID \_\_\_\_\_

I hereby give permission to the medical personnel selected by Church of the Holy Comforter (the "Church") to administer medications; to order X-rays and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Church to secure and administer treatment, including hospitalization, for the person named above, and I waive my right to informed consent of treatment.

Parent/Guardian Name

Parent/Guardian Signature

Date

Witness Name

Witness Signature

Date

# Church of the Holy Comforter Chorister Program

## Photograph Release Form

I grant permission to Church of the Holy Comforter (the "**Church**") to be photographed, filmed, and video recorded (the "**Media**") while participating in activities sponsored by, or taking place at the Church, and I grant permission for the Church to use such Media in the Church's sole discretion. I understand the Church may use the Media to publicize the Church in print publications, such as recruiting and marketing brochures, newsletters, and display boards, as well as on web sites owned by the Church, through email and social media.

I waive any rights I may have to inspect or approve the finished Media, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the Media.

I hereby release, defend, and hold the Church harmless from and against any claims, damages, or liability arising from or related to the use of the Media, including but not limited to any distortion, blurring, optical illusion, or use in composite form, that may occur or be produced as a result of the taking, processing, or producing of the finished product, and in its publication or distribution.

I will update this form in the event I no longer wish to provide the above grants, waivers or release.

Please check the paragraph below which is applicable to your present situation: \_\_\_\_\_ I am 18 years of age or older. I have read this release and I fully understand the content, meaning and impact of this release.

\_\_\_\_\_ I am the parent or legal guardian of the below named child and I am making this release on behalf of such child. I have read this release and I fully understand the content, meaning and impact of this release.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Signature: \_\_\_\_\_

## **Church of the Holy Comforter Chorister Program**

### **Holy Comforter Summer Choir Camp**

**July 27- July 31, 9:00 am - 1:00 pm and Sunday, August 2, Church Service**

**Summer Choir Camp is a week of singing, chime ringing, musical learning, friendship and fun!**

**New and prospective Choristers get a taste of the Choir experience, including singing at a Sunday worship service. Returning Choristers refresh and strengthen their skills and mentor younger singers. All campers enjoy relaxed music rehearsals and fun activities that build friendships, foster leadership and motivate learning.**

**Choir camp is open to rising 2<sup>nd</sup> Graders through rising 8<sup>th</sup> Graders. No prior music experience or training required; solid reading skills are highly recommended.**

**There is no fee to attend Camp and we welcome parishioners and friends. Parents are asked to send a bag lunch for their singer – dessert and beverages are provided. Everyone receives a Choir Camp T-Shirt!**

**Registration forms are available in the Church Office or on the Holy Comforter website, and should be returned to the Office by July 1.**

**Questions?**

**Camp Director: Dr. David Boulware-Kelley, Minister of Music**

**Email: [dboulwarekelley@holycomforter.com](mailto:dboulwarekelley@holycomforter.com)**

**Please return forms to the Church Office by July 1.**