

ST. IGNATIUS SHOWCHOIR REGISTRATION

NAME OF CHILD: _____ GRADE: _____

Lower Division (Grade 1-4) \$150

Upper Division (Grade 5-8) \$200

Checks to be made out to
Michelle Wei-Lin See

FAMILY INFORMATION

Parent/Guardian #1: Name: _____

Telephone: Cell phone: _____ Work Phone: _____

E-Mail Address: _____

Mailing Address: _____

Parent/Guardian #2: Name: _____

Telephone: Cell phone: _____ Work Phone: _____

E-Mail Address: _____

Mailing Address: _____

Additional People Authorized to Pick Up Child(ren) Other Than Parents/Guardian:

Name: _____ Telephone: _____

Relationship to Child: _____

Name: _____ Telephone: _____

Relationship to Child: _____

Additional Emergency Contacts Other Than Parents/Guardian:

Name: _____ Telephone: _____

Relationship to Child: _____

Name: _____ Telephone: _____

Relationship to Child: _____

HEALTH HISTORY

Does the child suffer from Asthma No Yes (Does the child have an Inhaler Yes)

Any Allergies: _____

Any specific activity restrictions? No Yes _____

Doctor's Name: _____

Doctor's Phone Number: _____

Person to contact in case of emergency: _____

PARENT'S AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me or a physician above. In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian _____ Date _____