

ST. IGNATIUS SHOWCHOIR REGISTRATION

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_

Checks to be made out to  
Michelle Wei-Lin See

- Lower Division (Grade 1-4) \$125 [Tuesday at Lunch]
- Lower Division (Grade 1-4) \$150 (Tuesday at Lunch, Wednesday at 7am)
- Upper Division (Grade 5-8) \$150 [Monday at Lunch, Wednesday at 7am]

**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: \_\_\_\_\_

**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 \_\_\_\_\_