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**BERKS CLASSICAL CHILDREN'S CHORUS SUMMER CHORUS CAMP**  
**August 8 -12, 2011**  
**Atonement Lutheran Church, Wyomissing, PA**

**REGISTRATION FORM**  
**Application Deadline: July 15, 2011**  
**\$160 Fee Required**

**PERSONAL INFORMATION – fill in both sides and sign on page two**

Name of Singer \_\_\_\_\_ Grade in spring '11 \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Music Teacher \_\_\_\_\_

\*\*\*\*\*

**Name of Parent(s)/Guardian(s)** \_\_\_\_\_

Home Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact if parent/guardian not available \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

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Check all that apply:

q 1. My child has studied a musical instrument.  
ü If checked, please state the number of years: \_\_\_\_\_

ü If checked, please state the instrument: \_\_\_\_\_

q 2. My child sings in a chorus in school.  
ü If checked, please state the number of years: \_\_\_\_\_

ü If checked, please circle the voice part (if known):      Soprano      Soprano II      Alto

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Each child will receive an official BCCC Summer Camp T-shirt (free).

Child's T-shirt Size: (Circle One)      Child L      Child XL      Adult SM      Adult M      Adult L

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**MEDICAL INFORMATION**

Does your child suffer from any condition or illness that will require special attention or medication? Yes or no? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Will your child be bringing any medication with him or her? Yes or No? If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

**Note, members of the Berks Classical Children’s Chorus Summer Chorus Camp staff are not permitted to give medications to any student.**

Is your child restricted from participating in any physical activities? Yes or No? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT:** I hereby grant permission for my child to participate in all of the activities of the **Berks Classical Children’s Chorus Summer Chorus Camp** Monday through Friday, August 8 – 12, 2011.

I understand that photos of my child may be taken in the course of camp activities and I grant permission to **Berks Classical Children’s Chorus** to use any and all photos of my child for general distribution. I grant the **Berks Classical Children’s Chorus** all rights to use, reproduce, photograph, record, and otherwise disseminate any aspect of my child’s performance, it being understood that no compensation be made for this use.

My son/daughter is physically able to participate in all aspects of the activities (except for those listed above).

I hereby release **Berks Classical Children’s Chorus Summer Chorus Camp** and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my son/daughter or their personal belongings and will make no claim as a result thereof.

I hereby give permission for my son/daughter to be medically treated, as deemed necessary by the staff involved in the **Berks Classical Children’s Chorus Summer Chorus Camp**.

I hereby authorize any licensed medical person or facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

**TO REGISTER:** Please complete the registration form and return it with a **\$160 fee** by July 15, 2011 to:

Berks Classical Children’s Chorus  
201 Washington Street, Suite 529  
Reading, PA 19610

**ADDITIONAL INFORMATION:** Please contact Dail Richie, Executive Director, Berks Classical Children’s Chorus at 610-898-7664 or [bcccsings@dejazzd.com](mailto:bcccsings@dejazzd.com).