



www.sunshinedistrict.org

## 2008 Harmony Explosion (HX) Camp

### REGISTRATION FORM

**Thursday, June 12 – Saturday, June 14 at the University of Central Florida**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ T-Shirt Size S  M  L  XL  2X  3X

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (school) \_\_\_\_\_

Email address \_\_\_\_\_

High School Name \_\_\_\_\_

High School Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I am currently in (grade) 9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Currently a music educator? Yes . I am familiar with barbershop harmony Yes  No

**(Parent/Guardian)** Please sign this form to acknowledge that your son will be attending Harmony Explosion Camp on June 12 – 14, 2008.

**Parent/Guardian signature** \_\_\_\_\_

Please return this completed Registration Form and the completed Medical Form, along with a personal check for a \$20, made payable to the Sunshine District HX Camp to:

**Ken Carter, 1202 Arriago Way, The Villages, FL 32162.**

The \$20 check will be returned to you upon your son's attendance at the Camp.

# HARMONY CAMP MEDICAL FORM

Parents—This form must be signed and returned

**\*\*No sharing of medications of any kind is permitted between campers\*\***

**Lack of compliance is grounds for immediate dismissal from camp.**

Name of camper \_\_\_\_\_

Age of child at start of camp \_\_\_\_\_

## Allergies

Medication (s) \_\_\_\_\_

Food (s) \_\_\_\_\_

Other \_\_\_\_\_

My child has a chronic condition of \_\_\_\_\_

(examples: asthma, epilepsy, anxiety disorders)

it is controlled with/by \_\_\_\_\_

## Medications

Sent to camp with my child that he may use are: (please list all medications he requires) \_\_\_\_\_

Is there a physical condition that would prohibit your child's ability to walk approximately one-half mile to the rehearsal hall? No \_\_\_ Yes \_\_\_. If yes, please explain. \_\_\_\_\_

I give this camper, \_\_\_\_\_, permission to take his prescribed and/or over the counter medication that I've sent with him. I agree the above information is correct and I give permission for this camper to be treated at an emergency facility in case of illness or injury.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Camper**--I understand that I cannot share medications with anyone, and agree that I will not give nor receive any medication from anyone.

Signature of camper \_\_\_\_\_

## Emergency phone numbers and information

Phone #1 \_\_\_\_\_ Relation to camper \_\_\_\_\_

Phone #2 \_\_\_\_\_ Relation to camper \_\_\_\_\_

Insured Yes \_\_\_ No \_\_\_\_\_. Insurance Carrier \_\_\_\_\_

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