



Cincinnati Boychoir

A501(c)(3) non-profit corporation

Christopher Eanes

Artistic Director



SongFest Registration Form

Please complete & return by **Thursday, July 1, 2010**

Financial Aid Deadline: June 15

Contact Information

Child's Name:	Age:	Grade this fall:
Parent's Name:	Home Phone:	
Address:	Other Emergency Phone:	
City: State: Zip:	T-Shirt Size (circle one): Youth: S M L Adult: S M L XL	
Email Address:	Boy's Current School:	

Tuition & Fees

Camp Tuition: \$200 (Includes all instructional and materials fees and camp t-shirt.) Boys will bring their own sack lunch.

After Camp Activities:

After camp activities program will run from 5:30 pm until about 8:00 pm Monday - Friday. **Activities Tuesday through Thursday are part of the Activities Package (\$90 includes dinner, transportation, and activity).**

Monday: Special Concert Event (free for boys & families)

Activities Package (\$90, includes activity, dinner, and transportation):

Tuesday: Trip to Coney Island

Wednesday: Treasure Hunt at Cincinnati Zoo

Thursday: Laser Tag

Friday: Final concert for family & friends

Parent Volunteers:

We are always in need of parents to volunteer around camp! Parent volunteers assist in the monitoring of boys at camp throughout the day, including mealtimes, and are welcome to enjoy the teaching and music-making that goes on all week. Volunteers for evening activities will be asked to pay the activity fee (on a daily rate).

- Check here if you're interested in participating as a chaperone for after camp activities.
- Check here if you're interested in participating as a chaperone for daily camp activities.

Tuition:	\$200
Activities Package (Optional):	<input type="checkbox"/> \$90
Subtotal:	\$ _____
Financial Aid: (Financial aid is need-based; forms are available on the website and the deadline for submission is June 15).	- \$ _____
Total Enclosed:	\$ _____
To pay by credit or debit card (Visa or MC), please call the Boychoir office between 12:00 pm and 5:00 pm Monday through Thursday.	

Please complete and return all forms with payment to:

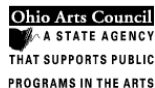
The Cincinnati Boychoir
4501 Allison St.
Cincinnati, OH 45212

Phone: (513) 396-7664

Email: sing@cincinnati-boychoir.org

Web: www.cincinnati-boychoir.org

Deadline: July 1, 2010





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Christopher Eanes
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INDEMNIFICATION FORM

(This statement is required by our insurance carrier.)

I/We hereby grant permission for my/our child, _____, to participate in the activities of the Cincinnati Boychoir, Inc., during the SongFest Summer Camp at Summit Country Day School in Cincinnati, Ohio, including evening activities which occur off-site. I/We authorize the use of my/our son's photograph for publicity purposes, as related to the choir. In consideration of any educational and musical benefits which may be realized by my child from association with any of the below-named organizations, and/or individuals, and intending to be legally bound by all the terms of this document, I do hereby waive any and all claims, charges and/or damages, present or future, which my child may have against the Cincinnati Boychoir, Inc., its Artistic Director, its staff, any member of its Board of Trustees, any adult chaperone, and/or any other organizations under whose auspices or in whose premises my child may rehearse or perform, and/or individuals and/or organizations providing transportation for my child. I do hereby expressly stipulate and agree to indemnify and forever hold harmless any and all of the said persons and/or organizations, and I do agree separately, intending to be legally bound hereby, to reimburse to any of the above-mentioned persons and/or organizations, any and all expenses which may be incurred by them in defense of any complaints, and/or actions, and/or testimonies brought by any member of my family against any of them.

PARENT OR GUARDIAN'S SIGNATURE _____ **DATE** _____



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CINCINNATI BOYCHOIR MEDICAL FORM

Child's Name:	Age: Grade this fall:
Parent's Name:	Emergency Contact Phone:
Secondary Emergency Contact's Name & Relationship:	Secondary Emergency Contact's Phone:

Please fill out this section completely:

Does your son have, or is he subject to: (check if yes)

asthma fainting spells convulsions diabetes heart trouble
 allergy to _____ (Please list medication allergies, food allergies, animal allergies.)
 none of the above

Does your son have any difficulty with: (check if yes)

eyes, ears, nose, throat lungs

Does your son have any condition which currently requires medication? Yes: _____

If yes, please list any medication(s), dosages (grams or milligrams/dose) and how many times per day the medication is taken on the included form.

Does your son have any restrictions for medical reasons? Y / N If yes, please specify in the box.

Restrictions:

Do you give permission for the following medications to be given? Check if yes.

Tylenol Kaopectate
 Tums Robitussin

PARENT AUTHORIZATION

This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia for, order injections for, and otherwise medically treat my son as deemed necessary.

SIGNATURE _____ DATE _____



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MEDICATION FORM

Boy's Name: _____

Medication: _____

Medication Schedule & Dosage: _____

Other Notes: