

We expect all adults on site to be a supportive and encouraging role model for all students, helping to implement the goals of our mission statement. Adults will pay their own registration fee of **\$150.00** which includes lodging for 2 nights, 5 meals, access to all education materials, and camp T-shirt. All adults must agree to supply information for, and pass a background check conducted by Protect Youth Sports, for Pacific Shores, Region 12, Sweet Adelines International. The background clearance is good for three years and the cost of the investigation will be paid by Region 12.

**Mission Statement:** Mountain Harmony Camp is dedicated to forming a safe and supportive environment for every girl to freely explore her voice and expand her creativity while discovering the joy of a cappella singing through high quality education in Babershop style harmony.

Name:	Birthdate:
Address:	Driver Lic #:
City, State, Zip:	

Contact #s	
Home phone:	Cell:
Email:	Fax:

Musical Affiliations / Education
Please list any music education you have received and/or any groups you are a member of:

Employer	<input type="checkbox"/> If retired - check box and list last employer <input type="checkbox"/> If not currently employed – check box and list last employer
Company Name:	Job Title:
Address:	Phone:
City,State,Zip:	Dates employed:
List your duties:	

Reference #1	Please list one PERSONAL reference we may contact; (not a relative)
Name:	Relationship to you:
Address:	City,State,Zip:
Phone #'s Home: Cell:	How long have they known you?

Reference #2	Please list one PROFESSIONAL reference we may contact; (not a relative)
Name:	Relationship to you:
Address:	City, State, Zip:
Phone #'s Home: Cell:	How long have they known you?

PLEASE INITIAL TO CONFIRM YOU HAVE READ AND UNDERSTAND THE FOLLOWING GUIDELINES:

- \_\_\_\_\_ Initial I understand that Alliance Redwoods is a camp setting with varied terrain. I realize I must walk on hilly paths to cabins, restrooms, and meeting rooms. I affirm that I am able to navigate the grounds with only reasonable accommodations.
- \_\_\_\_\_ Initial I understand I am responsible for the payment of my own Adult Camper’s Registration Fee of \$150.00, and my own transportation costs to and from camp.
- \_\_\_\_\_ Initial I understand that if I personally transport any minor to camp I am responsible for their health and safety to and from camp.
- \_\_\_\_\_ Initial I understand there is no alcohol allowed on the Alliance Redwoods campgrounds.
- \_\_\_\_\_ Initial I understand smoking is only allowed in the lower parking lot of Alliance Redwoods campgrounds and never within sight of minors.
- \_\_\_\_\_ Initial I understand that the State of California requires a background check using my personal information, and I hereby authorize the Region 12 Mountain Harmony Camp Director to conduct this search, as well as contact my references to verify my statements. I understand that all information obtained will be held in the strictest confidence. Note: *Returning adults may use their 2017 or 2018 background check results.*
- \_\_\_\_\_ Initial I understand the expectations as an adult on site is to be an encouraging role model to all campers by following the set rules at all times.

**Circle your T-shirt Size:**    XLg Child    Sm Adult    Med Adult    Lg Adult    XLg Adult    1X    2X    3X

Emergency Contact	
Contact Name:	Relationship:
Address:	Phone #
City, State, Zip:	Phone #

Medical Information (will be kept confidential)		
Insurance Company:	Group #	Policy #:
Physician Name:	Physician Phone #:	
List any medical conditions and/or medications you have that emergency personnel should know about you: (include important over the counter medications)		
List all allergies, including food or drug allergens:		
<b><u>Please circle any special meal requirements you have:</u></b>		
Gluten Free	Vegetarian	Vegan    Other:

**Release of Claims**

I acknowledge that I am participating in Sweet Adeline International’s, Region 12, Young Women in Harmony Program’s, **Mountain Harmony Camp**, further known as (the Event), **Nov. 15-17, 2019, at Alliance Redwoods Conference Center, Occidental, CA**, on my own accord. I give this acknowledgement freely, and knowingly, and I represent and warrant to you that I am physically and mentally fit, and that as a result, am able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against Sweet Adelines International and further agree to indemnify, defend, and hold harmless Sweet Adelines International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event.

\_\_\_\_\_   
 Print Name

\_\_\_\_\_   
 Participant’s Signature **(required)**

\_\_\_\_\_   
 Date

**Photo/Recording Release**

I hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce, and make other uses of such as they desire, free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form, are assigned to Sweet Adelines International, to be used in any manner consistent with the purpose of Sweet Adelines International.

\_\_\_\_\_   
 Print Name

\_\_\_\_\_   
 Participant’s Signature **(required)**

\_\_\_\_\_   
 Date

**Applicant’s Certification**

I certify that the information provided in this application is truthful and accurate,

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Date

Please return to our Camp Director:

1. This **Registration** form completed and signed – 3 pages
2. The **Disclosure and Authorization to Perform Background Investigation** form -1 pg (this is only needed if you do not have a clear report on file with Region 12 as of 2017 or 2018)
3. The **Alliance Redwood’s Disclosure Statement – Adult Chaperone** completed and signed – 1 pg
4. The **Alliance Redwood’s Waiver and Release of Liability** completed and signed – 1 pg
5. **Registration Fee of \$150.00** - make checks payable to: Pacific Shores Region 12

All forms can be downloaded from our web site: [www.mountainharmonycamp.org](http://www.mountainharmonycamp.org)

**All forms must be mailed in as we need original signatures**

Mail to: Cyndi Sharp – Camp Director  
4125 Modoc Ct.  
Concord, CA 94521

email .pdf to: [csharpadeline@gmail.com](mailto:csharpadeline@gmail.com)

Fax to: 925-676-6729

*For questions: feel free to email above, or call: 925-639-2963*