

mountain harmony camp

Region 12 Sweet Adelines International

Walker Creek Ranch, Petaluma, CA November 22 – 24, 2024

CAMPER REGISTRATION

Registration may be completed online: www.mountainharmonycamp.org

| Camper's | | | | you want | |
|---|------------------|--------------------------------|---------------|--------------|--------------|
| | | orinted on badge: Birthdate: A | | Age: | |
| | | | Driver Lic #: | | |
| City, State, Zip: | | L | river Li | C #: | |
| Camper's Contact Numbers: | | | | | |
| Home phone: | | Cell: | | | |
| Email you want your instructions sent to: | | | | | |
| School | | | | | |
| School Name: School | | | City: | | Grade: |
| Chorus Affiliation/s | | | | | |
| | yes, | | | | |
| · · · · · · · · · · · · · · · · · · | | name: | | | |
| Please list any groups you may sing with. Ex: school, chu | ırch, d | community; | Direct | or's Name/s: | |
| | | | | | |
| | | | | | |
| Parent / Guardian Names: | | | | | |
| · | | | 1 | | |
| Contact #1 Name: | | | + | onship: | |
| Address: | | | Phone | 2: | |
| City, State, Zip: | | | Phone | 2: | |
| Contact #2 Name: | | | Relatio | nship: | |
| Address: | | | Phone: | | |
| City, State, Zip: | | | Phone: | | |
| Medical Information | | | | | |
| Insurance Company: | | Group # | | Policy #: | |
| Physician Name: | | Physician Ph | one #: | | |
| List All Medical Conditions (including ADD/ADHD) | | | | | |
| List All Medications (including over the counter drugs): | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NOTE: In order for any medication to be dispensed to your mi Medicine contained in original pharmacy prescription Any over-the counter medications in their original con MHC Parent Consent for Administration of Medication | bottle tainer | displaying chil | | | er check-in: |

| For specific meals please check: Gluten-free Vegetarian Vegan Lactose-free Nut-free | Medical Information (cont.) | np Campei | r Registratio | | | | Pg. 2 of 2 |
|--|---|---|--|---|---|---|--|
| 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. 22-24, 2024, at Walker Creek Ranch, Petaluma, 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 fill, and that as a result, and blate to participate, and I do herely assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participate, and I do herely assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of participate in such in the Event. In consideration of the right to participate in the Event, I hereby walve 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 heres Sweet Adelines International and further agree to indemnify, defend, and hold heres Sweet Adelines International and further agree to indemnify, defend, and hold heres Sweet Adelines International and further agree to indemnify, defend, and hold heres Sweet Adelines International and further agree to indemnify, defend, and hold heres Sweet Adelines International end may accrue to me or my heirs, arising out of, or in any way connected with my participation in the Event. Participant's Signature (required) Date Birthdate If under 18 years of age parent must also sign below: I, being the parent/guardian of Lose Print Name 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 mane and/or photographs/artwork/videotaps/selectronic representations and/or sound recordings on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media. Hereby | List All Allergies (including food o | or drug allergies) | | | | | |
| lacknowledge 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. 22-24, 2024, at Walker Creek Ranch, Petaluma, CA, on my own accord. I give this acknowledgement freely, and knowlegly, and I represent and warrant to you that I am physically and mentally fit, and that as a result of any participate, and I do be hereby assure possibility for my well-being. I am fully aware that possible physical injury might occur to me as a result of any 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 tagainst Sweet Adelines International and further agree to Indemnify, defend, and harmies Sweet Adelines International and further agree to Indemnify, defend, and harmies 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. Participant's Signature (required) Date Birthdate If under 18 years of age parent must also sign below: I, being the parent/guardian of John the property of Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my mane and/or photographs/artwork/wideotapes/electronic representations and/or sound recordings on an ongoing basis for promotional, new, or public relations purposes in | For specific meals please che | ck: Gluten-free | □ Vegetarian | □Vegan | ☐ Lactose-free | e □ Nut-fr | ee |
| as (the Event), Nov. 22-24, 2024, at Walker Creek Ranch, Petaluma, 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 of my participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physicall 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 foresceable, of any injuries, including death, damages, or loss, regardless of severity, which I may sustain as a result of participating in may and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby wave any and all rights or claims in 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 activiting these sectivities the International, its directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities that 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. Participant's Signature (required) Date Birthdate If under 18 years of age parent must also sign below: I, being the parent/guardian of hereby give permission for my daughter to participate in the above Event. I have read, and agree with, all terms of the above Release of Claims. Photo/Recording Release 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/artw | Release of Claims | | | | | | |
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| I, being the parent/guardian of | Participant's Signature (required) | Date | Birthdate | | | | |
| Parent Signature Date Print Name 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. Participant's Signature (required) Date Birthdate If under 18 years of age parent must also sign below: I, being the parent/guardian of | If under 18 years of age parent must als | <mark>o sign below</mark> : | | | | | |
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| If under 18 years of age parent must also sign below: I, being the parent/guardian of, hereby agree and consent to the terms in the above Photo/Recording Release. I have read, and agree with, all terms of the above Release. Parent Signature Date Print Name | | Date | Print Name | | | | |
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| Circle your T-shirt Size: XLg Child Sm Adult Med Adult Lg Adult XLg Adult 1X 2X 3X | Photo/Recording Release I hereby give permission for Sweet Adelines I name and/or photographs/artwork/videotap purposes in print and/or electronic media. I be the property of Sweet Adelines Internatio such as they desire, free and clear of any clai distribution, sale, or lease of the recordings i Sweet Adelines International. Participant's Signature (required) If under 18 years of age parent must als I, being the parent/guardian of | International and any of its a bes/electronic representation hereby consent that such phenal and any of its affiliated of m whatsoever on my part. And any form, are assigned to see the consentation of the c | ffiliated organization: as and/or sound reconotographs/artwork/vorganizations. They shall rights to fees, comoweet Adelines Internometrical Birthdate | rdings on an ongo ideotapes/electr all have the right missions, royaltie ational, to be use | oing basis for promotic onic representations a to duplicate, reproducts, or profits received a ed in any manner cons | onal, news, or p and/or sound re- ce, and make ot as the results of iistent with the | ublic relations cordings shall her uses of the ourpose of |
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| Name | School/Group | Name | School/Group |
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| 1. | | 2. | |
| 3. | | 4. | _ |

Return to camp director:

Registration Form (2 pgs) with signature

- ☐ Registration Fee of \$130.00 payable on website, or by check make checks payable to: Pacific Shores Region 12
- □ Scholarship Application (if needed) Questions? Call: 925-639-2963

 $Submit\,forms\,\,and\,\,payment\,\,on\,\,our\,\,website\,\,at:\,www.mountainharmonycamp.org$

Email forms to: mtharmonycamp@gmail.

Postal Mail forms and/or payment to: Mountain Harmony Camp c/o Cyndi Sharp, 4125 Modoc Ct., Concord, CA 94521