



mountain harmony camp

Region 12 Sweet Adelines International

CGC Camp, Foresthill, CA

November 21 – 23, 2025

CAMPER REGISTRATION

Registration may be completed online:
www.mountainharmonycamp.org

Must be 13 years old by 12/30/25 to attend

Camper's Name:	First name you want printed on badge:	
Address:	Birthdate:	Age:
City, State, Zip:	Driver Lic #:	

Camper's Contact Numbers:	
Home phone:	Cell:
Email you want your instructions sent to:	

School		
School Name:	School City:	Grade:

Chorus Affiliation/s	
Are you a member of Sweet Adelines? <input type="radio"/> Yes <input type="radio"/> No	If yes, chorus name:
Please list any groups you may sing with. Ex: school, church, community;	Director's Name/s:

Emergency Contacts	
Parent / Guardian Names:	

Contact #1 Name:	Relationship:
Address:	Phone:
City, State, Zip:	Phone:

Contact #2 Name:	Relationship:
Address:	Phone:
City, State, Zip:	Phone:

Medical Information		
Insurance Company:	Group #	Policy #:
Physician Name:	Physician Phone #:	
List All Medical Conditions (including ADD/ADHD)		
List All Medications (including over the counter drugs):		
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<hr/>		
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NOTE: In order for <u>any</u> medication to be dispensed to your minor child we need the following turned in at camper check-in:		
<input type="checkbox"/> Medicine contained in original pharmacy prescription bottle displaying child's name		
<input type="checkbox"/> Any over-the counter medications in their original containers		
<input type="checkbox"/> MHC Parent Consent for Administration of Medications		

Medical Information (cont.)

List All Allergies (including food or drug allergies)

For specific meals please check: ☐ Gluten-free ☐ Vegetarian ☐ Vegan ☐ Lactose-free ☐ Nut-free

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. 21-23, 2025, at CGC Camp, Foresthill, CA**, on my own accord. I give this acknowledgment 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.

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.

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 _____, 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

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

Housing:

We do our best to keep age levels, schools, and friends housed together, or close by, but there is no guarantee. Remember, this is a great place to make new life-long friends. However, if you have a roommate request please note it below:

Name	School/Group	Name	School/Group
1.		2.	
3.		4.	

Return to camp director:

☐ **Registration Form** (2 pgs) with signatures - may complete and submit online, send via e-mail, or postal mail

☐ **Registration Fee of \$130.00** payable online, or by check - **make checks payable to: Pacific Shores Region 12**

☐ **Scholarship Application** (if needed)

Questions? Call: 925-639-2963

Submit forms and payment online at: www.mountainharmonycamp.org Email forms to: mtharmonycamp@gmail.com

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