



# YOUNG EL PASO SINGERS 2012 SUMMER VOCAL CAMP BROADWAY DANCIN'!!

Artistic Director - Dr. Cynthia L. Jay

Accompanist - Ruben Gutierrez

Camp Assistant – Doug Wilson

Held at: Peace Lutheran Church, 1699 Belvidere St., El Paso, TX

JULY 23<sup>rd</sup> to JULY 29<sup>th</sup> -- Camp: 9:00am – 3:00 pm Monday through Friday.  
Saturday Dress Rehearsal; 10:00am to 12:00pm: CONCERT; Sunday, 2pm

## REGISTRATION FORM

Please Print **Parent Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

**Singers Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

For questions, call Dr. Cindy Jay: 915-227-6002 or email: [cindyjay@thepeakofbalance.com](mailto:cindyjay@thepeakofbalance.com)

**COST:** \$150 through June 30<sup>th</sup>. \$175 through July 14<sup>th</sup>. \$200 for late registration.  
(Fee provides for music materials, camp t-shirt, and staff. Lunch and snacks are not provided.)

Please bring a bag lunch and/or snacks to camp each day.

**Mail the registration to: Dr. Cindy Jay, 744 Dulce Tierra, El Paso, TX 79912**

**Make checks payable to: Young El Paso Singers**

New Singers: Please indicate who invited you if they are a current Y.E.S. member \_\_\_\_\_

## MEDIA RELEASE FORM

I hereby give permission to the YES choir/news media to photograph/video tape/interview my child. It is my understanding that this photograph/video/interview or portions thereof will be used for public view.

I agree to participate in these projects without financial remuneration, and I understand that this releases the YES choir/photographer/videographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/video/interview.

Name of child \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENTAL (Guardian) PERMISSION FORM

For all persons participating in a Young El Paso Singers activity:

Name(s) of participant(s): \_\_\_\_\_

List any physical conditions that the participant may have, such as allergies, nervousness, headaches, etc:

\_\_\_\_\_

List any special instructions, which would affect medical treatment to the participant, such as allergy to penicillin, having a rare blood type, etc: \_\_\_\_\_

Participant has received a vaccine for the following:

Tetanus: Yes/No Date, if known: \_\_\_\_\_

Polio: Yes/No Date, if known: \_\_\_\_\_

Medical Insurance: Yes/No Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Principal Insured: \_\_\_\_\_

If under age 18, list names of parents, guardians, or custodian:

I/we, \_\_\_\_\_ and \_\_\_\_\_ the parents, guardian, or custodian who has present care, custody and control of \_\_\_\_\_, do hereby give permission for the said minor to participate in Young El Paso Singers Summer Vocal Camp July 23<sup>rd</sup> to July 29<sup>th</sup>, 2012. Further, permission is hereby given for said minor to participate in all choir activities.

In the event of an emergency necessitating medical treatment, consent is hereby given authorizing any member of Young El Paso Singers Staff, or any adult sponsor at the activity who has care and control of the above named minor to consent to medical treatment in the event I/we cannot be contacted. Further, any attending physician is hereby given the right, having received consent to medical treatment of the above named minor by such person or persons, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in the physicians discretion be necessary and proper under the circumstances as if I/we were present and had given such consent.

I/we agree that the person or persons signing this Parental Permission Form shall be responsible for all financial obligations incurred for medical treatments provided to the above named minor, and shall indemnify and reimburse Young El Paso Singers, its representatives or activity sponsors for all funds paid by them to secure such treatment.

I/we the undersigned parents, guardian, or custodian of \_\_\_\_\_, a minor, do hereby release, acquit, discharge and covenant to hold harmless Young El Paso Singers, its representatives and its activity sponsors from any and all actions, causes of action, damages, or liabilities arising out of the treatment of any illness or injury of the said minor, or any injury to said minor arising out of any accident occurring at said activity.

--To be completed by participant if 18 years of age or older:

I, \_\_\_\_\_ am 18 years of age or older and will participate in Young El Paso Singers 2012 Summer Vocal Camp, beginning July 23rd and ending July 29th. I have listed on this form all known physical/medical concerns that I have which may need attention during the activity. I have read this Permission Form and agree to the terms of the same. I hereby release Young El Paso Singers, its representatives and its activity sponsors from any and all actions, causes of action, damages, or liabilities arising out of the treatment of any illness or injury I might suffer at this activity, or arising from any accident, which might occur at this activity causing injury to me. I further agree that I shall be responsible for all financial obligations incurred for medical treatments provided to me and shall indemnify and reimburse Young El Paso Singers, its representatives and activity sponsors for all funds paid by them to secure such treatment.

DATED: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_