

**2009 Summer Music Camp Application**

Boys & Girls Clubs of Central Texas

Texas Folk Music Foundation

July 19<sup>th</sup>-23<sup>rd</sup>

Quiet Valley Ranch – Kerrville, TX

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security Number of Participant \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

If not available in an emergency, please notify: \_\_\_\_\_

Boys & Girls Club Name/Location \_\_\_\_\_

Adult Sponsor attending with participant \_\_\_\_\_

Is your child on any medications? If so, please provide a list to the adult supervisor attending with your child at this camp.

Does your child have any known allergies? Please include this information as well to the adult supervisor.

I hereby give permission for my child to attend the **2009 Summer Music Camp** sponsored by the Boys & Girls Clubs of Central Texas and the Texas Folk Music Foundation.

In doing so, I also give permission to the camp personnel and my child's adult sponsor to seek emergency medical treatment, if necessary, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp personnel to arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp personnel to secure and administer treatment, including hospitalization, for the person named above.

I understand and agree to hold harmless both the Boys & Girls Clubs of Central Texas and the Texas Folk Music Foundation for any personal property losses or for any bodily injuries incurred and suffered by the camp participant while engaged in activities related to or at the 2009 Summer Music Camp.

This completed form may be photocopied for trips out of camp.

Signature of parent/guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of adult sponsor attending camp: \_\_\_\_\_

Return To: Boys & Girls Clubs of Central Texas, C/O Jon Charles, 304 W. Ave B, Killeen, Texas 76541  
or email to [jcharles@cbgclub.org](mailto:jcharles@cbgclub.org)