

Grace Gospel Christian Church
YOUTH CHOIR CAMP REGISTRATION FORM

STUDENT'S INFORMATION:

Child 1 Name:		Gender (Please circle): M / F
Birth date:	Age:	Grade (in fall 2016):
Child 2 Name:		Gender (Please circle): M / F
Birth date:	Age:	Grade (in fall 2016):
Child 3 Name:		Gender (Please circle): M / F
Birth date:	Age:	Grade (in fall 2016):

PARENT / GUARDIAN'S INFORMATION:

Parent / Guardian Name:		
Home Address:	City	Zip
Home Phone:	Cell Phone:	
Email address:		
Home Church:		

PERMISSION FORM:

I hereby give my permission for _____ to attend and participate in the Grace Gospel Christian Church Youth Choir Camp and any special activities and event planned by the Youth Choir Camp, I do hereby authorize emergency treatment be given if necessary only after a reasonable effort has been made to reach me, the parents or guardian, I, the undersigned, also agree to release and hold harmless the Youth Choir leadership and Grace Gospel Christian Church from any and all liabilities or claims for personal injury which maybe incurred by my child while attending and participating in the Youth Choir Camp and its activities and special events.

Parent / Guardian Signature:	Date:
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Registration fee: \$30 Per Person
 Please make check payable to GGCC
 Or send it to GGCC Office:
 675 Mariners Island Blvd #103. San Mateo, CA 94404

Check # _____

Paid Date: _____