



## 2011 Camper Registration Form August 1 – 7, 2011

**Registration deadline is June 1, 2011. A NON-REFUNDABLE \$125 DEPOSIT IS DUE AT TIME OF REGISTRATION IN ORDER TO SECURE YOUR SPOT. BALANCE DUE IN FULL NO LATER THAN JUNE 30, 2011. THE TOTAL COST TO ATTEND THE CAMP IS \$350.**

### CONTACT INFORMATION:

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Student DOB \_\_\_\_\_ Student Age (At time of Camp) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### CAMP INSTRUMENT:

#### Preferred Camp Instrument: (Please indicate 1st and 2nd Choice):

\_\_\_ Keyboards \_\_\_ Drums \_\_\_ Bass \_\_\_ Guitar \_\_\_ Vocals

What is your experience, if any on your instrument(s) of choice?

\_\_\_\_\_

If you are a beginner, tell why you chose your instrument of choice? \_\_\_\_\_

Please check if you are:  left handed  right handed  
Please check if you are a:  new camper  returning camper

### PAYMENT:

#### Make checks payable to:

Girls Rock Camp Houston  
2217 Driscoll St.  
Houston, TX 77019

**Please return this registration form and the attached *Medical Release and Emergency Contact* form along with your payment.**

*Girls Rock Camp Houston will be held from 9:00 a.m. to 5:00 p.m. on August 1 - 5, 2011 at Rice University's Rice Student Center. The End of Camp Showcase will be held on August 7, 2011 at Fitzgerald's 2706 White Oak Drive Houston, TX 77007-2792.*

*Admission to Girls Rock Camp Houston is on a first-come, first-served basis.*

Additional information about the camp schedule will be distributed once your application has been received and processed.

Please direct any questions to: [girlsrockhouston@gmail.com](mailto:girlsrockhouston@gmail.com) or call 713. 518. 7365.



## MEDICAL RELEASE AND EMERGENCY CONTACT FORM

**REGISTRATION DEADLINE IS JUNE 1, 2011. THIS FORM ALONG WITH THE REGISTRATION FORM AND FULL PAYMENT MUST BE ON FILE WITH GIRLS ROCK CAMP HOUSTON NO LATER THAN JUNE 30, 2011.**

### CONTACT INFORMATION:

Student Name \_\_\_\_\_  
Student DOB \_\_\_\_\_ Student Age (At time of Camp) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### MEDICAL INFORMATION:

Does the Girls Rock Camp Student have any medical conditions or allergies?  Yes  No  
If yes, please list: \_\_\_\_\_

Does the Girls Rock Camp Student have any behavioral, emotional, or developmental issues?  
 Yes  No  
If yes, please list: \_\_\_\_\_

Is she on any medications to treat any of the above mentioned conditions?  Yes  No  
If yes, please list medications and specify conditions: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

*Emergency Contact #1*  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
*Emergency Contact #2*  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**Please return this Medical Release and Emergency Contact form along with payment and the attached Registration form to:  
GIRLS ROCK CAMP HOUSTON  
2217 Driscoll St.  
Houston, TX 77019**

Please direct any questions to: [girlsrockhouston@gmail.com](mailto:girlsrockhouston@gmail.com) or call 713. 518. 7365