



Photos by Amanda La France

Girls Rock NC After School Camp Program Registration Form

Winter 2011 at Infuzion

Camper Contact Information

Name of Camper _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Email Address _____

Parent/Guardian Name _____

Home Phone (____) ____ - _____ Cell (____) ____ - _____ Work (____) ____ - _____

Emergency Contacts

Contact Name 1 _____

Relationship to Camper _____

Home Phone (____) ____ - _____ Cell (____) ____ - _____ Work (____) ____ - _____

Contact Name 2 _____

Relationship to Camper _____

Home Phone (____) ____ - _____ Cell (____) ____ - _____ Work (____) ____ - _____

Medical Information

Does the camper have any medical conditions or allergies? Yes__ No__ If yes, please explain:

Does the camper have any behavioral or emotional issues? Yes__ No__ If yes, please explain:

Is she on any medications to treat any of the aforementioned conditions? Yes__ No__

If yes, please list medication and specify condition: _____

Fee for 10 week program: \$325

Please make your check to Girls Rock NC and send to:

Girls Rock NC

PO Box 3431

Durham, NC 27702



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Camper Information

What is your experience, if any, with musical instruments and/or singing?

Name your favorite bands and musicians:

Please list any instrument(s) or equipment (amplifier, cords, etc.) you can bring to the GRNC after school program (not required):

Please list anything else you would like for us to know about you:
