



Photos by Amanda La France

Girls Rock NC After School Camp Program Registration Form

Spring 2012

Durham (Infuzion) Jan. 9 - Mar. 19 | 10 sessions | Ages 7-14
 email: GRAfterschool@gmail.com

Chapel Hill (Syzmanski) Jan. 10 - Mar. 20 | 10 sessions | Ages 9-14
 email: GRNCafterschool@gmail.com

Camper Contact Information

Name of Camper _____ Age _____

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: _____

Payment Information

10 week program: \$325

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

Girls Rock NC
 618 Foster St
 Durham NC 27701

Do you qualify for Medicaid?

Annual income _____

Family size _____



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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:
