

CAMP REGISTRATION FORM

\$100* per Child per Week (*\$110 if registered after 6/15/10)

For children in grades k-6 for the ***2009-10 school year***

Date: _____

PARENT INFORMATION:

LAST _____ FIRST _____

STREET _____ TOWN _____

ZIP _____ HOME PHONE _____ WORK # _____ CELL # _____

EMERGENCY NAME, PHONE #'S _____

1. CHILD'S NAME _____

2009-10 SCHOOL YEAR GRADE _____ SEX _____

CIRCLE T-SHIRT SIZE: Youth 10-12 Youth 14-16 Adult Small Adult Medium

CIRCLE WEEK(S) CHILD WILL ATTEND: July 12-16 July 19-23

2. CHILD'S NAME _____

2009-10 SCHOOL YEAR GRADE _____ SEX _____

CIRCLE T-SHIRT SIZE: Youth 10-12 Youth 14-16 Adult Small Adult Medium

CIRCLE WEEK(S) CHILD WILL ATTEND: July 12-16 July 19-23

3. CHILD'S NAME _____

2009-10 SCHOOL YEAR GRADE _____ SEX _____

CIRCLE T-SHIRT SIZE: Youth 10-12 Youth 14-16 Adult Small Adult Medium

CIRCLE WEEK(S) CHILD WILL ATTEND: July 12-16 July 19-23

Amount received: _____

Check Number: _____

**ST. MARY'S FUN-IN-THE-SUN CAMP
PERMISSION/LIABILITY FORM**

PLACE: St. Mary School Grounds

DAYS: July 12-16, 19-23, 2010, Monday thru Friday

TIME: 8:30am – 12:30pm

I will drop my son(s)/daughter(s) off at St. Mary School Gym promptly at 8:30am and will promptly pick up at 12:30pm. Furthermore, I will remember to sign my son(s)/daughter(s) in and out with their counselor, and any other child/children that I will be dropping off and/or picking up.

I fully understand the inherent risks involved in the activities my child/children will be participating in and release St. Mary Church and any of its employees and volunteers from liability for any injury sustained by my child. If I cannot be reached and my child requires emergency treatment, either because of illness or accident, the Camp Director or his/her appointee is hereby authorized to call in a physician or take my child/children to a hospital or physician's office for this purpose. I accept full responsibility for any medical expenses as a result of any such injury/illness sustained.

I further understand that Kate Fitzgerald, Camp Director and other adult and high school members of the parish will adequately supervise this event.

CAMPER(S) _____

**PARENT(S) OR
GUARDIAN(S)** _____
Signature

Signature

DATE: _____

List any medical conditions, food restrictions, or allergies and the treatment for these below:

