



## Saint Mary's Catholic School Summer Camp 2019 Registration Form

Please Print Legibly. A separate registration form must be completed for each child.

### CAMPER & PARENT/GUARDIAN PERSONAL INFORMATION

Camper's Last Name: \_\_\_\_\_

Camper's First Name: \_\_\_\_\_

Rising Grade: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_

Parent First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*Please note: Parent/Guardians will be called first in the event of an emergency. If parents/guardians cannot be reached, your additional emergency contact shown below may be contacted.*

Parent/Guardian Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Parent/Guardian Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Known Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Treatment Plan:

\_\_\_\_\_  
\_\_\_\_\_

*In case of emergency, I give permission to the staff of Saint Mary's Summer Camp to seek medical treatment for my child. I agree to hold harmless SMCS and its staff for any damages, losses, or injuries incurred during camp participation, including any and all associated expenses.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission to allow publication on the Internet of my child's creative efforts, name, and/or picture for the promotion of SMCS Summer Camp.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_