

## Padre Serra Parish Summer Camp Sign-Up 2013

Child's Name: \_\_\_\_\_ Born \_\_\_\_\_ Grade Fall '13: \_\_\_\_\_

Home Address of Child: \_\_\_\_\_  
Street Address, City, St Zip Code

Home Phone: \_\_\_\_\_ School \_\_\_\_\_  
(Name of school he/she will be attending in 2013/14 school year)

My child would like to be in a group with: \_\_\_\_\_  
(First and last name of camper to be grouped with)

T-shirt size: Child: Small Medium Large X-Large Adult: Small Medium Large X-Large  
(Circle one)

### Child resides with:

Parents  Mom  Dad  Grandparent(s)  Guardian(s)  Other \_\_\_\_\_  
(please identify)

Household Last Name: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Adult E-Mail Address: \_\_\_\_\_  
(Please provide the best e-mail address for communicating important, timely information to your family)

### Permission

- The above named child/teen is in good health and is physically able to participate in all camp activities unless otherwise noted on the reverse side of this form.
- I give permission for my child/teen to be photographed during regular camp activities, and that these photos may be used in print material and/or on our parish website. I understand that photos of under age persons will not include their names.
- I understand that I am responsible and agree to follow the procedures of the Padre Serra Parish Faith Formation Parent Policy Matters. Any inappropriate behavior from my child/teen could result in dismissal from the gathering. All grievances will be dealt with in accordance to the Policy Matters procedures.

### Please check any/all that apply:

I will be responsible for dropping off and picking up my child/teen up from camp.

My child/teen may be dropped off and/or picked up by the following people during camp.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby agrees to release Padre Serra Parish, agents, and staff of any and all liability, responsibility and damages whatsoever associated with any injury sustained during the activities in summer camp. All information on this form is confidential and used only as needed.

\_\_\_\_\_  
Parent Print Name

\_\_\_\_\_  
Parent Signature/Date

**Padre Serra Parish Summer Camp  
Medical Release Form**

Child/teen Name: \_\_\_\_\_

Please list any illnesses and/or injuries in the past year: \_\_\_\_\_

Is this child/teen currently being treated by a physician for any of the above no yes, explain

Please list special needs of child/teen, i.e. allergies, disabilities etc: \_\_\_\_\_

List current medication(s) and purpose: \_\_\_\_\_

Name of child/teen's physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_ Carrier's Phone Number \_\_\_\_\_

**In the event of a medical emergency during summer camp, I can be reached at the following phone number(s) \_\_\_\_\_ . Should you not be able to contact me at this number(s), I hereby give the staff of Padre Serra Parish Faith Formation permission to authorize ambulance transportation, medical treatment and/or hospital care for my child/teen.**

**In the event of an emergency when a parent cannot be reached please call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Print Name

\_\_\_\_\_  
Parent Signature/Date

Date Rec'd: \_\_\_\_\_

**Office Use Only**

Payment Method: Visa MC AMEX Cash Check # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Notes: