

Camper Registration Form 2017

Theme: - "Family"

DATE: Monday, June 26th – Friday, June 30th (RAIN or SHINE)

TIME: 9:00 a.m. to 12:30 p.m. **PLACE:** Grounds of St. Cecilia Church

GRADES: Children finishing Pre-K through Grade 5 as of June 2017 will be Campers.

CAMP REGISTRATION DATES: Please hand in to the Religious Education Office as soon as possible. Due: June 1, 2017.

FEE: \$50.00 for the 1st child and \$15 for each additional child.

Please fill out one form per child

Child's Name: _____ M F
Last First Middle Please Circle
Age: _____ Grade completed June 2017: _____
Father's Name: _____ Mother's Name: _____
Mailing Address: _____
Email: _____ Home Telephone No.: _____
Father's Cell Phone No.: _____ Mother's Cell Phone No.: _____

Tee-shirt Size: CHILD S (6-8) M (10-12) L (14-16) OR ADULT S M L XL
Please Circle One Please Circle One

Does your child have any special medical needs, dietary needs, or allergies? YES NO
If yes, please explain and fill out an "Allergy and Medical Condition" Form _____

Parents: Would you like to volunteer to help? YES NO (If yes, please call the office at 732-329-1141)

Emergency Contacts: (PLEASE PROVIDE 2 BESIDES YOURSELF WHO WILL BE AVAILABLE DURING CAMP HOURS)
Name: _____ Telephone: _____
Name: _____ Telephone: _____

Religious Education Cell phone Number: 908-705-6741

May we also have your permission to use a photo of your child in any news items which will be posted on the St. Cecilia website, area newspapers, as well as in the Parish Bulletin? ____ Yes ____ No

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Cecilia to act on my behalf and approve appropriate treatment.
Insurance Company _____ Policy Number _____
I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and save harmless St. Cecilia, the Catholic Diocese of Metuchen, their staff, all volunteers, and all adult supervisors working on their behalf.
I further understand that parish representatives are NOT permitted to dispense medication.
Signature _____ Date _____