



## Summer Camp Sign-up 2019

Child/Teen's Name: \_\_\_\_\_

Born \_\_\_/\_\_\_/\_\_\_\_\_

Male/Female

Grade fall of '19: \_\_\_\_\_

Home Address of Student: \_\_\_\_\_

Street Address

City

Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Best # where I can be contacted during camp hours

School: \_\_\_\_\_

(Name of school student will be attending for 2019/20 school year)

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

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

Adult E-Mail Address: \_\_\_\_\_

(Clearly Print the best e-mail address for communicating important, timely information to your family)

(Circle one)

child/teen T-shirt size: Child Small Medium Large Adult Small Medium Large X-Large XXL

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, give my permission for him/her to participate in all camp activities from June 17, through June 21, 2019, on-site at 5205 Upland Road, Camarillo, CA and agree to the following:

- 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.
- In addition to myself, only the individual(s) listed below must sign this child/teen in and out of camp daily.
- 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 underage 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. I also understand that it is my responsibility to review the information with my child/teen. 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.
- 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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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.

\_\_\_\_\_  
Print Parent (guardian) Name

\_\_\_\_\_  
Parent (guardian) Signature/ Date

YES! I would love to help with camp on: Monday Tuesday Wednesday Thursday (water day)

Sorry not this year

**(Complete Reverse Side)**



### Summer Camp Medical Release Form

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

Parent Cell# \_\_\_\_\_

Best # where I can be contacted during camp hours

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

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

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

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

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

Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_

**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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Print Parent (guardian) Name

\_\_\_\_\_  
Parent (guardian) Signature/ Date

**Office Use Only**

Date Reg. Rec'd \_\_\_\_\_ Payment Method: Visa MC AMEX Check # \_\_\_\_\_ Amount  
\$ \_\_\_\_\_