



# St. Matthew Summer Camp 2019 - Registration Form

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Parent / Guardian: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work#: \_\_\_\_\_

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

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

Concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

## Medical and Emergency Contact Information

Medical Conditions: \_\_\_\_\_

Has Allergies? If yes, explain: \_\_\_\_\_

Keeps an Epi Pen? \_\_\_\_\_

Family Doctor Name & Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact / Name - Relationship: \_\_\_\_\_

Emergency Contact / Name - Relationship: \_\_\_\_\_

## Liability Waiver & Medical Release

I \_\_\_\_\_ hereby release the St. Matthew Summer Camp, it's employees, agents, officers and volunteers from any liability, claims, demands or suits for property damage, personal injury or death which could arise out of the course of the participating in this program. I understand that this activity involves physical exercise and perhaps a health risk and I will release the camp from any claims. I also grant permission for emergency attention should I not be reached at the numbers I have provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# St. Matthew Summer Camp 2019 - Registration Form

Weekly Camper - \$170 / Daily Camper - \$40 per day

CAMPER NAME: \_\_\_\_\_

Checks made payable: **St. Matthew School**

Check off which Week

Circle which days they will be attending

- |                          |            |        |         |           |          |        |
|--------------------------|------------|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> | June 17-21 | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> | June 24-28 | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> | July 8-12  | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> | July 15-19 | Monday | Tuesday | Wednesday | Thursday | Friday |

## Parent Authorization From / Pick-up

The St. Matthew Summer Camp is authorized to release my child to only the individuals listed below. I understand each authorized person must be at least 16 years of age and that my child will not be permitted to leave the premise with anyone else not listed below, unless we are otherwise notified prior to release. All authorized individuals will be required to show identification and sign out the child on each occurrence.

**Name:** \_\_\_\_\_ **may be released to the following individuals:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

## AUTHORIZATION TO VIEW MOVIES

Authorization to view G Movies Only      Signature: \_\_\_\_\_

Authorization to view G / PG Movies      Signature: \_\_\_\_\_