

2019 STM C.A.T.C.H CAMP Registration and Health Form

Camp Location: St. Thomas More School

This Form is for: Basketball (June 10th – 14th) _____ Session 1 (8am – 12noon)
(1st – 8th Graders)

Soccer / Sports (June 17th – 21st) _____ Session 1 (8am – 12noon) _____ Session 2 (1pm – 5pm)
(1st – 8th Graders) (1st – 8th Graders)

Name _____ DOB _____ Grade (for 2018-2019) _____

Address _____ City _____ Zip _____ Phone # _____

Parent(s) Name(s) _____

Home # _____ Work # _____ Cell Phone # _____ Email _____

T-Shirt Order. Each Camper will receive a camp shirt

Sizes Available (Please Circle Choice): Youth Sizes: S M L XL Adult Sizes: S M L XL

The cost of the camp is \$250 for one sport or \$450.00 for both sports camps. Please return the registration form and payment to David Tyll – Checks to be made out to David Tyll.

HEALTH HISTORY *Health Information MUST be filled out and on file for each person attending camp.*

Allergies: Bee Stings ___ Insect bites ___ Medications ___ Plants ___ Food and Other Allergies _____

ADHD ___ Asthma ___ Cancer/Leukemia ___ Convulsions/Seizures ___ Diabetes ___ Heart Trouble ___ Hemophilia ___ High Blood Pressure ___ Kidney disease ___ Recent Surgery or Hospitalization: _____

List equipment needed (wheelchair, glasses, contacts, braces) _____

List Medical or Dietary needs _____

List Condition requiring regular medication? Please describe _____

List Medication to be given at camp _____

(If your son or daughter will require regular medication at camp it must be turned into the director each morning in its original container with its instructions.)

WAIVER OF LIABILITY AND CONSENT TO MEDICAL ATTENTION I approve of my child's participation in all camp activities, with the understanding that such activities carry with them an inherent risk. I hereby agree that I hold David Tyll, St. Thomas More Catholic School and any person(s) affiliated with C.A.T.C.H. or P.A.S.S. CAMPS, harmless of any injury, loss, damage, and any and all liability regardless of circumstance while my child is in their care. I further agree that in the event of an emergency I give permission for medical attention or treatment to be administered to my child by a qualified medical professional. I acknowledge that injuries deemed minor by any staff may be treated on site with first aid practices.

Signature _____ Date _____