

Saint John Paul II's LIFE CAMP - 4TH - 8TH GRADES (in Fall 2016)

Name: _____ Grade: _____ (In Fall 2016)

Home Address (street, city, state, zip code):

We undersigned parent(s) or legal guardian(s) of (*PRINT child's name*) _____, do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of Life Camp Staff. This consent will remain effective from June 13, 2016 through June 17, 2016. I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold the Church of St. Benedict or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

Parent Signature: _____ Date: _____

Mother's Name: _____ (Please Print) Father's Name: _____ (Please Print)

Phone: _____ (Mother—Cell or Home number) Phone: _____ (Father—Cell or Home number)

EMERGENCY INFORMATION

Please list any Allergies (please include food allergies):

Person, **other than parent**, to notify in case of emergency and what relation to student:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Can we take pictures of your child for promotional material? YES _____ NO _____

CIRCLE the T-Shirt Size You Need: (*We must receive registration by May 15 to get a t-shirt*)

YOUTH
S M L XL

ADULT
S M L XL XXL

CHOOSE ONE ACTIVITY from EACH SESSION:

Session # 1

Sewing (for both sessions)
Improv Drama
Rugby (7 & 8 grade only)
Cooking
Science
Dance

Session # 2

Performance Drama
Soccer (4, 5, 6 grade only)
Cooking
Science
Dance

1st Choice: _____ (in Session # 1)

1st Choice: _____ (in Session #2)

2nd Choice: _____ (in Session # 1)

2nd Choice: _____ (in Session #2)

COST: \$20 per student – Due with Registration Form

(Includes camp supplies, daily snack, and the student ticket for the Friday Night Dinner Theater)

Office use only:

Date Registration Received: _____ Paid \$20: _____ Check # _____ or Cash _____

Friday Night Dinner Theater – RSVP and \$ due before Wed., June 15th

of ADULTS _____ @ \$10 ticket AND # of CHILDREN _____ @ \$5 ticket

Paid \$ _____ Check # _____ or Cash _____

