



“SURF’S UP!” SUMMER FUN
St. Francis of Assisi Summer Camp 2012
Registration Form

Please attach \$70 registration fee to form (Camp bag & shirt included in fee)

Child’s name _____ Date of Birth _____
 Grade Entering **2012 – 2013** school year _____ School Attends _____
 Church Parish _____
 Current Address (street, city, state, zip code) _____

Family e-mail address _____

Enrollment status:

_____ **Full Time** (attends 3 or more days per week)

_____ **Part Time** (attends 2 days per week)

Office Use Only: Paid _____ Cash _____ Date _____ Check # _____

Please mark one size. Shirt & bag are included

Camp T-Shirt - Youth Sizes: XS ___ S ___ M ___ L ___ XL ___

Adult Sizes: S ___ M ___ L ___ XL ___

Father or Guardian’s Information	
Name _____	
Address (if different from child’s) _____	
Home Phone _____	Cell Phone _____
Employer _____	Work Phone _____
Work Address _____	Work Hours _____
Work Email Address _____	

Mother or Guardian’s Information	
Name _____	
Address (if different from child’s) _____	
Home Phone _____	Cell Phone _____
Employer _____	Work Phone _____
Work Address _____	Work Hours _____
Work Email Address _____	

Guardianship Information:

If parents are divorced or legally separated, which parent has custody of the child? _____

Can the child be released to the non-custodial parent? _____

Emergency Contacts if parents cannot be reached:

Name _____	Name _____
Address _____	Address _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____

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Persons allowed to pick up child from summer camp other than parents:

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____

Medical Information:

Allergies (include allergies to particular medicines, foods and insects):

Medical Conditions (such as asthma, diabetes, migraines, etc.):

Physical Disorders:

List any medicine your child takes regularly:

Are there any restrictions to physical activity?

Authorization for Emergency Medical Treatment:

If my child _____ should become ill or injured at SFA Summer Camp, I understand that the facility will (1) contact me immediately or (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency medical treatment if necessary. The physician and /or medical facility is authorized to administer medical treatment necessary to ensure the health and safety of my child. I will accept responsibility or payment of all medical services rendered.

In an emergency:

Physician's Name _____ Phone _____

Physician's Address _____

Hospital/Clinic _____ Phone _____

Primary Insurance _____

Policy # _____

Parent's Signature _____

Date _____