



Our Lady of Lourdes Summer Day Camp 2018 Registration 985-643-3230

**(A \$40 PER FAMILY NON-REFUNDABLE REGISTRATION FEE
MUST ACCOMPANY EACH REGISTRATION FORM)**

Camper's Last Name:

Mother's Name: _____ Home Phone: _____ Cell Phone: _____
Last First

Street Address: _____ City: _____ Zip Code: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____
Last First

Street Address: _____ City: _____ Zip Code: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

My child/children are under the custodial care of: Both Parents Mother Only Father Only Other (please specify): _____

CAMPERS MUST HAVE WRITTEN PERMISSION FROM A PARENT OR GUARDIAN TO LEAVE CAMP WITH AN INDIVIDUAL OTHER THAN THE CUSTODIAN.

In case of emergency, if parents cannot be reached, please contact:

Name: _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Camper Information:

Carpool: Yes No
 Walk/Bike: Yes No

Before Care: Yes No
 After Care: Yes No

1st Camper: _____ last grade level completed: ____ Date of Birth: ____ / ____ / ____ Sex: ____
Last First

T-Shirt Size Needed: _____ Qty: _____ @ \$10 each = Total Cost: _____ Date Shirt Rec'd: _____

Indicate Weeks Attending: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th All 10

Prohibited Activities: _____ School Attending: _____

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: Yes No If Yes, Name of Medication: _____

2nd Camper: _____ last grade level completed: ____ Date of Birth: ____ / ____ / ____ Sex: ____
Last First

T-Shirt Size Needed: _____ Qty: _____ @ \$10 each = Total Cost: _____ Date Shirt Rec'd: _____

Indicate Weeks Attending: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th All 10

Prohibited Activities: _____ School Attending: _____

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: Yes No If Yes, Name of Medication: _____

3rd Camper: _____ last grade level completed: ___ Date of Birth: ___ / ___ / ___ Sex: _____

T-Shirt Size Needed: _____ Qty: _____ @ \$10 each =Total Cost: _____ Date Shirt Rec'd: _____

Indicate Weeks Attending: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th All 10

Prohibited Activities: _____ School Attending: _____

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: Yes No If Yes, Name of Medication: _____

Medical Information/Consent

Medications

I understand that all medication sent from home must be labeled with my child/children's name(s) with specific instructions as to the time, frequency, and amount of medication to be administered. Furthermore, I understand that all medication must be left in the camp office with the camp secretary or director. Camp administrators have my permission to dispense above listed medications.

Signature of Parent/Guardian: _____ Date: _____

Parental Consent

I hereby give permission for my child/children, _____, to participate in the Our Lady of Lourdes Summer Camp, including all on-campus and off-campus activities, and field trips. I further understand the participants officially enrolled in the camp will be insured by a commercial carrier contracted by Our Lady of Lourdes.

My child/children has had a physical examination within the past 24 months and is in good health. In the event of illness or injury of my child/children while under the supervision of the Our Lady of Lourdes Summer Camp, I hereby authorize Our Lady of Lourdes Summer Camp to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. If injured during camp activities, I will allow my child/children to be taken to the hospital for care. In connection with my authorization, I agree that my family health insurance will provide primary coverage for such medical treatment and services and that the insurer of the Our Lady of Lourdes Summer Camp provides secondary coverage.

Signature of Parent/Guardian: _____ Date: _____

Medical Insurance Coverage

Name of Provider: _____ Policy/Group #: _____

Provider's Address: _____ Provider Phone#: _____

Policy Holder's Name: _____

Family Doctor: _____ Doctor's Phone: _____

Photo Release

I grant permission for Our Lady of Lourdes Summer Camp to photograph or film my child/children's name, image, likeness, spoken words, student work, and performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by Our Lady of Lourdes. I waive any claim for compensation of any kind for the School's use or publication of the Works of my child/children.

I hereby release, discharge, and agree to hold harmless Our Lady of Lourdes and those acting under its authority from any liability to the extent provided by the law, for use or publication of the Works described above.

By signing below, I agree to the terms stated above.

Signature of Parent/Guardian: _____ Date: _____

Total # Campers _____

Total # Weeks: _____

Total Amt. Due: _____