

**St. Louis Parish Catholic Summer Camp 2017**  
**Camp Registration Form – June 25<sup>th</sup> – July 1<sup>st</sup>, 2017**

Camper Name: First \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**\*\*parent/guardian Email address: (recommended for registration confirmation)** \_\_\_\_\_

Gender \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_ Health Card Number \_\_\_\_\_

Denomination \_\_\_\_\_ Clergy Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Is the camper afflicted by: (please check all that apply)

Asthmatic attacks \_\_\_\_, diabetes \_\_\_\_, frequent headaches \_\_\_\_, bed wetting \_\_\_\_, car sickness \_\_\_\_,  
 sleep walking \_\_\_\_, night terrors \_\_\_\_, fainting spells \_\_\_\_, kidney trouble \_\_\_\_, chronic ear trouble \_\_\_\_,  
 epilepsy convulsion \_\_\_\_, bronchitis \_\_\_\_, hay fever \_\_\_\_, attention deficit disorder \_\_\_\_.

Other: \_\_\_\_\_

List any allergies or serious reactions from food, drugs, or fly/bee stings

\_\_\_\_\_

Please provide names of any medications, dosage & frequency \_\_\_\_\_

\_\_\_\_\_

Is over the counter medication permitted? \_\_\_\_\_ If not please specify. \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Will the parents be home during camp? Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Other Information: \_\_\_\_\_

To the best of my knowledge the above named camper is in good health and has not been exposed to any infectious disease. If the camper is exposed to communicable disease between now and the camping date, I will inform the Registrar, or Camp Director. In case of emergency, when we are not available for consultation, I hereby authorize the Camp Nurse or Physician selected by the representative for consultation to hospitalize, secure proper treatment, to order anaesthesia, or surgery for child (camper as named above).

If the camper has any problem or conditions that the Camp Director must be informed of, please indicate this under Other Information. If the camper has a problem at camp that precludes him/her from successfully continuing at camp, the Camp Director will phone his/her parents and they will come and get their child that day.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named participant. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Louis Parish, its officers, directors, employees and agents and the Diocese of Thunder Bay, its employees and agents chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Thunder Bay, its employees agents and chaperons, or representative associated with the event for reasonable legal fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

My child's photograph may be taken while at camp. Yes \_\_\_\_\_ No \_\_\_\_\_

**T-shirt size (please circle one)**      **Youth S M L**      **or**      **Adult S M L**

For Office Use	Date	Amount Paid	Balance Owng