



# Camper Registration



Our Lady of Refuge Catholic Church

## Summer Day Camp 2011

June 27 - July 8, 2011 9:00am - 12:30pm

\$60.00 per participant



Participant's Names

Date of Birth

Grade in  
Sept. 2011

T-shirt Size  
Child or Adult

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Please Print

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Does your child(ren) have any health problems that the staff should be aware of?

(Please name child and problem) \_\_\_\_\_

My child(ren) have my permission to attend Our Lady of Refuge Summer Day Camp. I have read the information regarding times and cost. I will not allow my child to attend if he/she is not feeling well. In case of emergency the adults in charge have permission to secure or provide medical care for my child.

I hereby release all church staff and adult advisors from any and all claims, loss, cost, damage, or expense arising out of or from any accident or any other occurrence, causing injury to any person or property during this event.

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

For Office Use Only:

Date	Receipt	Check # or \$	Amount	Balance	Received by