

Teen Volunteer Registration

Our Lady of Refuge Catholic Church

Summer Day Camp 2011

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



Please Print

Participant's Names	Date of Birth	Grade in Sept. 2011	T-shirt Size Child or Adult
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____

Please Print
Parent/Guardian _____ Phone _____

Address _____ City/Zip _____

Teen's Cell _____ May we call? _____ Text? _____

Emergency Contact:

Name: _____ Phone _____

Does your teen have any health problems that the staff should be aware of?

(Please name teen and problem) _____

My teen(s) have my permission to attend Our Lady of Refuge Summer Day Camp. I have read the information regarding time. I will not allow my teen 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 teen.

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 _____

Please note: There will be two training days in June 2011...dates to be determined. All **registered Teens will be contacted with more information.