

Camper Registration



Our Lady of Refuge

Summer Day Camp '08

June 23 - July 3, 2008 9:00am - 12:30pm

\$60.00 per participant

Please Print

Parent/Guardian _____ Phone _____

Address _____ City/Zip _____

Participant's Names	Date of Birth	Grade in Sept. 2008	T-shirt Size Child or Adult
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____

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
